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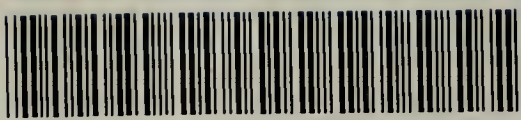
PARLIAMENT OF TASMANIA.

DEPARTMENT OF HEALTH SERVICES

REPORT FOR THE YEAR ENDED 30TH JUNE, 1961.

Presented to both Houses of Parliament by His Excellency's Command.

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PARLIAMENT OF TASMANIA.

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Report of the Department of Health Services for the Year Ended 30th June, 1961

Department of Health Services,
Hobart, 23rd October, 1961.

The Hon. the Minister for Health.

SIR,

I have the honour to present the Report of the Department of Health Services for the period 1st July, 1960, to 30th June, 1961.

LEGISLATION

Hospitals Act 1960

This amending Bill made provision as follows:—

- (1) The Part of the Act dealing with private hospitals was deleted, and a new Part covering all private medical establishments was introduced.
- (2) Changes were made regarding payments by municipal authorities to Hospital Boards for persons hospitalised on account of infectious diseases. Local authorities are no longer responsible for payments for persons suffering from all the infectious diseases listed in the Public Health Act, but only for the payment of charges raised on account of persons suffering from certain communicable diseases proclaimed for the purposes of the Act.
- (3) A scale of payments made by Hospital Boards to Board members, to cover expenses incurred whilst on hospital business, was introduced.
- (4) An Appeals Tribunal was established. Under this legislation, an adjudicator may be appointed by the Minister to hear evidence from any hospital employee aggrieved by the decision of the Hospital Board to suspend or dismiss him, or to require him to resign in order to avoid dismissal, or to reduce him in rank, grade or remuneration.

Mental Hospitals Act 1960

This was a small amendment which was found necessary, to provide for a case where a patient exhibits insanity when under confinement as a prisoner.

Dentists Act 1960

This amendment provided for the Government nominee appointed to the Dental Board to be a

medical practitioner, increased the penalties for illegal practice of dentistry, and allowed for the seizure and forfeiture of instruments and equipment used in the practice of illegal dentistry. It also provided that the Dental Mechanics' Registration Board could authorise a medical practitioner to issue a certificate for the making of a denture by a dental mechanic within an area of 25 miles radius where hardship exists for patients in travelling to a dentist for a certificate.

It also provided for the Dental Board and the Dental Mechanics' Registration Board to submit annual reports to the Minister.

Nurses' Registration Act 1960

This amendment was found necessary in view of the fact that general nursing training has been reduced in Tasmania to three years, and it has been found that the Auxiliary Nursing Training School, which gives only practical bedside nursing training, cannot cover the present curriculum for the first year of the three-year training course. It has been found that these auxiliary nurses who, once they are registered as auxiliary nurses, can if they so desire go on to do general training, cannot cover the reduced curriculum in the two years.

The amendment provides a general training curriculum for auxiliary nurses of not less than two years and nine months.

St. John's Park Improvement Act 1960

This legislation provided for the conversion into a park or garden of part of the disused cemetery situated at St. John's Park.

Medical Act 1960

The purpose of this amendment was to introduce legislation to enable blood transfusions to be given to children, and other minors, in circumstances where, in the opinion of two or more legally qualified medical practitioners, such transfusion is necessary to save their lives, and also in circumstances where the parents or legal guardians fail or refuse to authorise a transfusion when requested to do so, or where the parents or legal guardians cannot be found after a reasonable search in order that their permission can be obtained.

Dangerous Drugs Legislation

The Regulations and Order, which will be made under the Dangerous Drugs Act 1959, were compiled during the year with the assistance of the Police Department, the Chief Pharmacist of the

Central Medical Store, the Pharmacy Board, the Commonwealth Customs Department and representatives of the British Medical Association, along with the invaluable guidance and practical assistance of the Parliamentary Draftsman's Department. It is anticipated that the legislation will be brought into effect by proclamation on 1st August, 1961.

DEPARTMENTAL REVENUE

The revenue for the year 1960-61 amounted to £408,146, which was £407 more than that for 1959-60. Comparative receipts were:—

	1959-60 £	1960-61 £
District Nursing	12,501	14,098
Mothercraft Home	4,979	4,102
Government Analyst	1,251	1,243
Nurses' Registration Fees	810	789
Pharmaceutical Benefits	116,793	87,871
Nelumie Home	1,360	1,667
Other Fees and Licences	1,243	1,353
Red Cross Blood Transfusion	4,925	5,520
Poliomyelitis Injections	2,356	1,637
Sub-Total	£146,218	£118,280
Lachlan Park Hospital	8,905	11,198
Millbrook Psychopathic Home	13,993	15,524
Government Institution for Defectives	4,234	8,148
Lachlan Park Farm Suspense	6,314	2,348
St. John's Park	75,863	82,391
Chest Hospitals	152,212	170,257
	£407,739	£408,146
Other Receipts—		
Land Sales and Rentals	1,150	926
Other Sources	302	1,719
Refund of Bursaries	1,564	574
	£3,016	£3,219

DEPARTMENTAL EXPENDITURE

The expenditure for the year from the Appropriation Act was £3,500,155, which was an increase of £217,567 over 1959-60. Comparative costs were:—

	1959-60 £	1960-61 £
Administration	74,266	73,741
Hospital and Medical Services	54,198	52,009
National Fitness	9,667	12,268
Nurses' Registration Board	1,015	1,154
Medical Services—Country Districts	43,032	44,602
District Nursing Service	70,879	76,297
Public Health—Administration	36,131	33,923
School Medical Service	23,848	33,624
School Dental Service	54,656	59,253
Child Health Service	50,326	56,442
Mothercraft Home	23,214	23,964
Government Analyst	17,673	19,374
Grants to Hospitals	1,725,499	1,824,890
Other Grants	73,597	86,952
Tuberculosis Division—Administration	65,622	66,699
Chest Hospitals	150,435	149,518
Mental Health—Administration	20,326	30,612
Lachlan Park Hospital and Millbrook Home	496,953	531,890
Nelumie Home, Launceston	6,538	7,234
St. John's Park	284,713	315,709
	£3,282,588	£3,500,155

BUILDING PROGRAMME

The gross expenditure for the year from Loan Funds was £1,264,909. Of this amount £51,933 was refunded by the Commonwealth under the State Grants (Mental Institutions) Act 1955. Other refunds totalled £11,019, leaving a net

expenditure of £1,201,957. Important works completed or substantially completed during the year include:—

Bowmont Hospital, Franklin—Accommodation for nurses.
 George Town District—Site for proposed hospital.
 Lachlan Park Hospital—New nurses' home; new boiler; new cool room; new mortuary; four new medical officers' residences; new roadways.
 Millbrook Psychopathic Home—New outbuildings.
 Lyell District Hospital—Amenities for domestics; roadways.
 Launceston General Hospital—Amenities and trades block; air conditioning of theatre; staff accommodation; hostel for Peter MacCallum Clinic.
 Cosgrove Park, Launceston—Extensions to occupational therapy pavilion; roadworks; Twilight Cottages.
 Mersey General Hospital—New General Hospital, Latrobe; new nurses' home, Devonport; staff accommodation.
 North-Eastern Soldiers' Memorial Hospital—New heating; drainage.
 Queen Alexandra Maternity Hospital—New laundry.
 Queen Victoria Maternity Hospital—Additional ward accommodation.
 Rosebery District Hospital—Roadworks.
 Royal Hobart Hospital—Additional properties.
 St. John's Park—New male defectives block; new womens division; boiler house; roadworks; Sunshine Chalets, Carlton.
 Smithton District Hospital—New nurses' home.
 District Nursing Service—Extensions at George Town and Rossarden.
 Child Health Service—New clinics at Riverside and Springfield.

Works in progress include—

Burnie General Hospital—Purchase of sites for rebuilding; extensions to Maternity wards.
 Lyell District Hospital—New extensions.
 Mersey General Hospital—New maternity division, Devonport.
 Queen Victoria Hospital—Soil investigations for new multi-storey extensions.
 Royal Hobart Hospital—New outpatients department.
 St. John's Park—New office accommodation.
 Smithton District Hospital—New Hospital.
 School Dental Service—New clinic at Ulverstone.

OFFICIAL OPENINGS

This year saw the completion of one of the Department's major undertakings, i.e. the General Section of the Mersey General Hospital at Latrobe. This hospital was officially opened on the 8th February, 1961, by the Attorney General (The Hon. R. F. Fagan, M.H.A.) in the presence of a large and distinguished gathering. This marked the completion of a second section of the Mersey General Hospital, the first section being the Out-Patients' Division at Devonport, which was opened in 1958. The third and fourth sections, viz. the new Maternity Division at Devonport, the construction of which is well under way, and the Geriatric Division at Latrobe for which a contract has been signed, will complete this general hospital. The newly opened General Division exhibits the latest in design and equipment of a modern General Hospital and should prove of very great benefit to people on the north-west coast.

In August last year, His Excellency the Governor (Lord Rowallan) accepted an invitation to inspect Gellibrand House. During this inspection, His Excellency unveiled photographs of the late Chairman of the Board (Col. S. H. Hancox, D.S.O.) and the late Secretary (Col. R. M. Thirkell, M.B.E.), to mark the great services these two officers gave to Gellibrand House.

At New Town Park on the 7th November, 1960, a brief but interesting ceremony was carried out. As you know, New Town Park is the site of the

future Maternity Hospital and Nurses' Home. In the hospital grounds is a most historic house, viz. Swanston House which was originally the home of Captain Swanston, who lived there prior to becoming one of the founders of Melbourne. In converting this house for quarters for Royal Hobart Hospital's Registrars, the greatest possible care was taken by this Department to preserve as much of its original structure and internal fittings as possible. It was considered fitting that some permanent record drawing attention to the historic nature of the building should be provided. It was decided that this should take the form of a plaque placed on the house near the front door and also a tablet erected in the grounds. The ceremony of unveiling these plaques was carried out by Dr. W. L. Crowther, C.B.E., D.S.O. It was most fitting that such a ceremony should be carried out by one whose love of Tasmania and its history is so well known.

On the 18th November, 1960, a ceremony was held at the Royal Hobart Hospital at which the foundation stone of the new block of buildings for the hospital was laid by the Minister for Health (The Hon. J. F. Gaha, M.H.A.). This block of buildings, known as the Out-Patients' Department, provides a number of services. In addition to an out-patients and casualty department, it provides new accommodation for X-rays, pathology, children's wards, dental department, physiotherapy, orthopaedics, resident medical officers' quarters and a number of other smaller services. This new block will be joined to the existing main block and thus will be an integral part of the hospital. It will be provided with the most up to date equipment and facilities and will provide accommodation for services which are at present most inadequately housed.

NEW HOSPITAL CONSTRUCTION

During the past few years, great activity has been undertaken by the Department in forwarding the provisions of the scheme of hospital reconstruction, which was approved following my survey and report to the then Minister for Health (The Hon R. J. David Turnbull) in 1953. A great deal of work has been completed. Further extensive construction is planned to commence this year. These works are to replace obsolete hospitals and as additions to existing hospitals which have inadequate accommodation. Thus the provisions of the scheme have been, and are about to be, carried out, which will bring it to an advanced stage. This is a source of great satisfaction to my officers and myself and will provide a hospital service in this State of which it can be proud.

Delay in the start of construction of one very vital project, viz. the extensions to the Queen Victoria Maternity Hospital, Launceston, was caused by some doubt as to whether the proposed site would provide adequately suitable foundations. This was most unfortunate, especially in view of the urgent need for the provision of this additional accommodation. A great deal of very complex and intricate work was carried out by the C.S.I.R.O. and the Department of Mines, the result of which investigation has shown that we can proceed with the proposition. As soon as the successful results of the investigation were known, the architects pressed ahead with all possible speed towards completion of the plans, and it is confidently anticipated that tenders will be called very shortly.

NORTH-WEST SPECIALIST SERVICES

A post of anaesthetist was created under the Public Service Act during the year. This specialist will carry out his duties mainly in connection with the Mersey General Hospital, thus providing a supplementary service to that provided by the Specialist Anaesthetist who originally conducted anaesthesia at both the Mersey and the Burnie General Hospitals, and whose duties will now be mainly in connection with the Burnie Hospital.

The Department has been negotiating throughout most of the year for the appointment of a Radiologist to the north-west coast. There has, however, been a dearth of applicants. The Agent-General for Tasmania in London is to interview the one applicant in August, 1961, when this applicant arrives in London from British Guiana.

A Specialist Pathologist was appointed to the north-west coast during the year. He will establish his main laboratory at the new Mersey General Hospital, but will also be responsible for the pathology services at the other hospitals on the north-west coast.

STATE DRUGS ADVISORY COMMITTEE.

In preparation for the opening of the Central Medical Store, a State Drugs Advisory Committee was constituted with the object of making recommendations on the nature, form and packaging of drugs which will be purchased, stored and distributed to public hospitals by the Central Medical Store.

The Chief Pharmacist of the Central Medical Store compiled a very comprehensive formulary, which was reviewed by the Committee in detail, and finally approved. Apart from representatives of the Department of Health Services and the Supply and Tender Department, this Committee includes representatives of the Royal Colleges of Surgeons, the Royal Colleges of Physicians, the College of General Practitioners, the Royal College of Obstetricians and Gynaecologists, and a Psychiatrist.

Schemes were devised whereby new drugs could be examined and, where it was indicated, these could be added to the formulary of available drugs, in a methodical manner.

CROSS INFECTION IN HOSPITALS

Throughout the year, investigations were continued into ways and means of minimising cross infection in hospitals, particularly in connection with anti-biotic resistant staphylococcal infection. The possibility of shrink-proofing of hospital blankets, so that they could then be boiled and thus sterilised in the same way as hospital linen is sterilised, was investigated. Studies were carried out to determine whether machinery already available in the State and under the jurisdiction of the Department (in particular the old laundry equipment at the Mersey General Hospital) could be modified and utilised as shrink-proofing plant. It was found that this could not be carried out satisfactorily, and that it would be uneconomical to have all existing ordinary blankets shrink-proofed commercially.

A method was found of washing and boiling ordinary blankets by a new process, which minimises damage, and it was considered that, provided all hospitals and district nursing centres purchased only shrink-proofed blankets from now on, the remaining serviceable blankets could be

washed and boiled under the proposed system, with the minimum of damage. These matters have now become part of hospital policy.

HOSPITAL AUXILIARIES

Once more it is my pleasant duty to report to you the very successful work undertaken by the many auxiliaries which assist the work of hospitals in this State. The enthusiasm which they bring to their very extensive activities on behalf of patients and staff of hospitals ensures the successful results which have been recorded this year. The Department gratefully acknowledges their very great help, which is irreplaceable.

PRIVATE MEDICAL ESTABLISHMENTS

Following the passing of the Hospitals Act 1960 in November, 1960, preliminary regulations were prepared governing the licensing of private medical establishments, along with regulations concerning other parts of the Act. This legislation was brought into effect by proclamation on 9th May, 1961.

To complete the object of the revised Part III of the Act, further regulations are being compiled, which will prescribe minimum standards of construction, staffing, technical equipment and anti-fire precautions, which will be required particularly of new private medical establishments before they can be ranked and entitled "private hospitals" as distinct from nursing homes, homes for the aged and other classes of private medical establishment.

RECRUITMENT OF RESIDENT MEDICAL OFFICERS FROM THE UNITED KINGDOM FOR GENERAL HOSPITALS

A scheme, which had been in operation for a few years for obtaining young resident medical officers from the United Kingdom, to serve two years, came to an end on the 31st December, 1960, when compulsory national service in the armed services ceased.

The Ministry of Labour and National Service in London, in co-operation with the Medical Manpower Committee, up to this date permitted young doctors to postpone their national service indefinitely, provided they spent two years in Tasmania in posts approved by the Director-General of Health Services. With the termination of the scheme, difficulties were encountered in obtaining recruits for resident medical officer posts at the Royal Hobart and the Launceston, Mersey and Burnie General Hospitals.

With the assistance of the Agent-General in London, negotiations were undertaken to initiate some form of alternative recruiting scheme.

LIAISON WITH THE BRITISH MEDICAL ASSOCIATION

The practice of having conferences with liaison officers from the Council of the British Medical Association and officers of this Department from time to time was continued. Subjects of mutual interest were discussed, and these conferences have become a very useful form of public relations undertaking. It has been possible to explain administration problems to representatives of the profession and so prevent misunderstandings. At the same time, the Department has benefited by hearing the views of the profession on various matters.

MEDICAL OFFICERS' PRINCIPAL AWARD UNDER THE PUBLIC SERVICE TRIBUNAL ACT

On the 3rd March, 1961, the First Principal Award for Medical Officers was brought down by the Public Service Tribunal. These provisions were operative from the first full pay period in January, 1961. A few anomalies and some difficulties of interpretation were found during the early stages of the application of the Award, but these difficulties are in the course of being solved.

TRAINING UNDER THE MEDICAL ACT OF DOCTORS HOLDING ONLY FOREIGN QUALIFICATIONS

In October, 1960, two doctors holding foreign qualifications began a year's post-graduate training under the Medical Act, with a view to registration with the Medical Council. One is receiving his training at the Launceston General Hospital and one is at the Royal Hobart Hospital.

RECRUITMENT OF NURSING SISTERS FROM THE UNITED KINGDOM

The scheme for regular advertising in the United Kingdom, inviting trained nurses to apply for posts in Tasmanian nursing services, has continued throughout the year, with the assistance of the Agent General. An average of about 20-30 vacancies throughout the state has been notified to the Agent General at regular intervals. The scheme has met with only a modicum of success because of the general shortage of nurses throughout the United Kingdom, but about two nurses per month have been appointed under the scheme.

PERSONAL MEDICAL INFORMATION RECORD CARD

There has been a steady demand for Personal Medical Information Record Cards throughout the year. The plastic envelopes became available, and these were distributed to card holders. Tasmania has pioneered this useful personal record, and it is noteworthy that the National Health and Medical Research Council has now endorsed the scheme. Several States and other interested bodies, such as the Royal Automobile Club and its branches, have been provided, at their request, with full details of the scheme. Enquiries have been received from responsible bodies in the United Kingdom, one being from the Ministry of Health.

MEDICAL RECORD OF BIRTH STATISTICS

All but two or three medical practitioners in Tasmania continue to give their active voluntary support to the completion of a medical record form on every birth of an infant, dead or alive, which is older than 20 weeks of gestation. Tasmania is leading the way in the Commonwealth in this regard and the Deputy Commonwealth Statistician's Department in Hobart carries out the formidable task of collecting and coding this confidential information. Completed forms are despatched to the Commonwealth Statistician's Department in Canberra, where they are processed. Valuable information is being obtained by the medical statisticians in conjunction with the obstetric and paediatric research units associated with the University of New South Wales.

A few years will be required before sufficient cases can be processed to provide reliable research information. The greater the series of any abnormalities surveyed and investigated, the more reliable are the final conclusions.

TABLE 1.
Intermediate List of (150 Groups of) Diseases.

(a) A Code:—	Patients			Age Groups										Disposal				R.	R.T.
				0-5		6-10		11-20		21 and over		Improved		Unchanged		Died			
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
1	33	16	49	1	1	1	..	3	31	12	9	18	7	2	1	6	..		
2	1	2	3	..	2	..	..	..	1	..	3	1	1	..	..	..	..		
3	..	1	1	..	..	..	..	..	..	1	..	..	1	..	..	3	..		
4	2	6	8	..	1	..	..	2	2	3	8	4	..	..	..	7	..		
5	5	7	12	..	1	..	1	..	4	6	7	2	6	2	..	..	..		
6	1	..	1	..	..	..	..	..	1	..	..	1	..	..	..	..	..		
7	3	..	3	..	..	..	1	..	2	..	3	3	..	..	..	..	..		
8	4	..	4	1	..	..	..	..	3	..	4	4	..	..	..	..	..		
9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
10	5	..	5	..	..	..	..	..	5	..	1	3	..	..	..	2	..		
11	2	4	6	1	..	..	..	1	3	1	2	4	1	..	..	1	..		
12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
13	1	2	3	..	1	..	..	..	..	..	..	..	..	..	..	..	..		
14	..	2	3	1	..	..	..	..	1	1	1	1	..	..	..	..	..		
15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
16	3	..	3	1	..	..	1	..	1	..	..	3	..	..	..	..	..		
17	2	4	6	1	1	1	..	1	..	1	4	2	..	..	..	..	..		
18	24	21	45	9	3	1	4	9	3	7	21	25	21	..	..	1	..		
19	5	4	9	1	..	..	..	..	2	3	4	5	4	..	..	..	..		
20	3	2	5	1	..	..	..	..	1	1	1	3	1	..	..	..	..		
21	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..		
22	19	21	40	19	..	..	2	..	..	..	21	18	21	..	..	1	..		
23	8	9	17	5	3	..	3	..	..	1	6	9	1	2	..	..	..		
24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
26	2	1	3	..	..	..	..	..	2	1	1	2	..	..	..	..	..		
27	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
28	22	31	53	11	8	..	4	5	10	14	29	23	29	..	1	2	..		
29	3	9	12	1	..	..	1	2	1	6	11	3	11	..	..	..	..		
30	7	7	14	..	..	..	1	4	2	2	8	2	1	1	6	..	..		
31	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
32	11	24	35	10	15	..	4	2	..	2	19	9	19	4	..	..	..		
33	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
34	8	12	20	..	..	..	1	6	5	5	13	7	13	2	1	1	..		
35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
37	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
39	13	2	15	1	..	..	1	1	9	1	4	16	4	2	6	2	..		
40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
41	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
42	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
43	64	55	119	18	12	7	17	27	19	54	68	1	3	..	7	..	..		

TABLE 1.—Continued.

TABLE 1			Patients			Age Groups						Disposa				R.	R.T.				
INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES			M.	F.	Total	0-5		6-10		11-20		21 and over		Improved		Unchanged		Died		R.	R.T.
Cause Groups						M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A	44	Malignant neoplasm of buccal cavity and pharynx	8	8	16	..	..	..	..	..	..	8	8	4	5	1	3	3	2	..	..
A	45	Malignant neoplasm of oesophagus	2	3	5	..	..	..	..	..	..	2	3	2	2	4	1	1	7	..	..
A	46	Malignant neoplasm of stomach	23	22	45	..	..	..	..	..	..	23	22	11	8	10	14	12	12	1	1
A	47	Malignant neoplasm of intestine, except rectum, ...	15	34	49	..	..	..	..	..	..	15	34	13	22	3	6	12	9	..	..
A	48	Malignant neoplasm of rectum	13	9	22	..	..	..	..	..	..	13	9	5	10	4	3	3	9	1	1
A	49	Malignant neoplasm of pharynx	2	..	2	..	..	..	..	..	..	2	..	1	..	1	..	..	2	..	..
A	50	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	38	5	43	..	..	..	..	..	..	38	5	10	1	13	2	3	7	..	..
A	51	Malignant neoplasm of breast	..	39	39	..	..	..	..	..	..	..	39	1	35	..	12	15	15	..	..
A	52	Malignant neoplasm of cervix uteri	..	45	45	..	..	..	..	..	..	..	45	11	28	12	5	22	22	..	..
A	53	Malignant neoplasm of other and unspecified parts of uterus	..	20	20	..	..	..	..	..	..	..	20	..	16	..	2	2	4	2	2
A	54	Malignant neoplasm of prostate	36	..	36	..	..	..	..	..	..	36	..	35	..	11	..	..	24	5	5
A	55	Malignant neoplasm of skin	28	24	52	..	..	..	..	..	..	28	24	33	21	2	4	13	13	..	..
A	56	Malignant neoplasm of bone and connective tissue	3	2	5	..	..	1	..	..	1	2	1	1	1	4	1	..	1	1	1
A	57	Malignant neoplasm of all other and unspecified sites	59	53	112	1	1	..	..	..	..	58	52	36	28	29	31	30	63	3	3
A	58	Leukaemia and aleukaemia	14	10	24	1	4	1	..	..	..	12	6	18	6	4	7	21	21	2	2
A	59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system.. .. .	14	11	25	..	..	..	..	2	1	12	10	16	10	5	3	20	20	..	..
A	60	Benign neoplasms and neoplasms of unspecified nature	124	236	360	5	3	6	11	21	33	99	182	127	232	23	23	1	49	1	1
A	61	Nontoxic goitre	4	24	28	..	..	..	..	..	1	4	23	4	24	..	..	4	..	..	..
A	62	Thyrototoxicosis with or without goitre	5	15	20	2	..	..	..	2	2	3	13	5	15	1	1	..	3	..	..
A	63	Diabetes mellitus	68	86	154	..	2	1	2	5	2	51	91	87	149	2	3	12	95	5	5
A	64	Avitaminosis and other deficiency states	19	11	30	4	3	..	..	..	..	14	9	23	10	1	1	5	5	1	1
A	65	Anaemias	30	35	65	3	..	..	..	..	4	27	31	30	44	2	2	18	18	..	..
A	66	Allergic disorders; all other endocrine, metabolic and blood diseases	108	146	254	24	12	10	9	15	23	59	102	127	165	10	8	64	64	2	2
A	67	Psychoses	82	111	193	..	..	..	..	5	8	77	103	52	76	39	53	29	29	1	1
A	68	Psychoneuroses and disorders of personality	165	201	366	3	3	2	4	13	36	147	158	155	198	40	33	55	55	5	5
A	69	Mental deficiency	2	1	3	..	..	..	..	1	..	1	1	1	..	1	..	..	..	..	..
A	70	Vascular lesions affecting central nervous system	127	164	291	1	..	1	..	1	1	127	160	80	79	14	15	10	10	8	8
A	71	Nonmeningococcal meningitis	22	8	30	8	2	2	2	4	..	8	4	19	8	1	40	2	..	..	..
A	72	Multiple sclerosis	4	4	8	1	..	..	..	..	..	4	3	2	4	..	1	3	3	1	1
A	73	Epilepsy	47	32	79	7	7	3	3	7	4	30	18	49	35	11	2	19	19	..	..
A	74	Inflammatory diseases of eye	22	17	39	7	5	..	..	3	2	12	10	23	19	..	..	3	3	..	..
A	75	Cataract	21	29	50	..	1	..	..	1	1	20	27	24	41	1	1	17	17	..	..
A	76	Glaucoma	8	11	19	..	..	..	..	..	..	9	10	14	15	..	..	10	10	..	..
A	77	Otitis media and mastoiditis	89	80	169	53	49	15	8	11	9	10	14	107	90	..	..	28	28	..	..
A	78	All other diseases of the nervous system and sense organs	204	232	436	24	27	18	21	17	31	145	153	201	210	24	31	6	42	1	1

TABLE 1.—Continued.

TABLE 1 INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES		Cause Groups		Patients			Age Groups								Disposal				R.	R.T.		
							0-5		6-10		11-20		21 and over		Improved		Unchanged				Died	
M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
A 128	Congenital malformations of circulatory system..	20	13	33	7	4	2	1	3	3	8	12	13	6	1	15	..					
A 129	All other congenital malformations ..	134	55	189	27	24	7	8	23	13	137	13	23	12	4	67	4					
A 130	Birth injuries ..	9	7	16	7	..	..	..	..	..	6	2	4	1	2	..	..					
A 131	Postnatal asphyxia and atelectasis ..	12	10	22	9	..	..	..	..	1	3	8	2	1	2	..	..					
A 132	Infections of the newborn..	4	1	5	1	..	..	..	..	..	2	1	..	1	1	..	..					
A 133	Haemolytic disease of newborn ..	11	5	16	4	..	..	..	1	..	9	5	..	..	..	1	1					
A 134	All other defined diseases of early infancy ..	39	30	69	29	..	..	..	..	1	39	2	1	..	..	3	1					
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified ..	36	26	62	25	2	..	1	1	1	29	7	3	2	1	3	..					
A 136	Senility without mention of psychosis ..	21	19	40	..	..	..	..	21	19	10	11	6	9	5	10	2					
A 137	Ill-defined and unknown causes of morbidity and mortality ..	532	476	1,008	42	35	45	91	372	298	469	74	66	14	7	33	7					
(b) CLASSIFICATION OF NATURE OF INJURY (ACCIDENTS, POISONINGS, VIOLENCE, &c.)																						
Cause Groups																						
AN 138	Fracture of skull ..	239	53	292	14	9	3	13	162	23	224	7	2	14	1	6	2					
AN 139	Fracture of spine and trunk ..	97	28	125	..	2	..	5	78	23	96	5	..	3	1	8	1					
AN 140	Fracture of limbs ..	610	391	1,001	33	90	48	29	308	281	649	17	12	10	25	60	31					
AN 141	Dislocation without fracture ..	74	15	89	..	8	1	3	42	11	76	1	1	..	..	4	..					
AN 142	Sprains and strains of joints and adjacent muscles ..	79	30	109	2	4	1	6	63	21	84	2	..	..	..	8	2					
AN 143	Head injury (excluding fracture)..	401	160	561	29	37	20	59	192	52	387	8	1	11	4	8	..					
AN 144	Internal injury of chest, abdomen, and pelvis ..	45	11	56	2	3	..	1	31	8	39	4	2	4	1	1	1					
AN 145	Laceration and open wounds ..	553	189	742	49	51	13	34	334	93	573	1	4	..	..	27	2					
AN 146	Superficial injury, contusion and crushing with intact skin surface..	129	54	183	10	6	8	11	75	27	131	1	..	..	..	1	2					
AN 147	Effects of foreign body entering through orifice ..	44	48	92	12	6	6	4	21	26	42	2	1	..	..	..	..					
AN 148	Burns ..	170	101	271	57	9	12	17	47	15	171	1	..	3	3	8	1					
AN 149	Effects of poisons ..	122	115	237	49	2	2	8	41	59	121	1	..	1	3	4	..					
AN 150	All other and unspecified effects of external causes ..	81	48	129	8	9	6	7	39	27	77	5	..	2	3	3	..					
SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS																						
Y Code—																						
Y 1	Pregnancy—Normal delivery ..	..	6,242	6,242	..	..	..	1,047	..	5,195	..	..	2	..	..	..	1					
Y 00	Medical or special examination without complaint or finding indicating need of observation or medical care ..	74	156	230	17	7	5	30	43	104	16	66	104	..	..	11	..					
Y 04	Follow-up examination after operation injury or disease without finding indicated need for further medical care ..	16	13	29	..	1	..	1	12	12	3	4	11	..	..	7	..					
Y 05	Carrier or suspected carrier of infective organisms without complaint or sickness ..	1	4	5	1	..	..	..	..	3	..	1	4	..	..	..	..					

Y	08	Healthy person accompanying sick relative	27	26	53	27	21	..	..	1	..	4	4	5	23	22	..	..	1	..
Y	09	Other person without complaint or sickness	11	17	28	4	5	..	..	1	6	11	7	6	12	3	..	..	..	..
Y	11	Admitted for cosmetic plastic surgery	18	1	19	15	1	2	..	1	..	..	16	1	2	..	..	..	..	..
Y	18	treatment.. ..	4	2	6	..	..	..	1	..	4	..	5	1	1	1	..	2	..	..
Y	20	Fitting of a prosthetic device ..	3,113	2,986	6,099	3,113	2,986	..	..	..	..	..	3,098	2,975	10	9	..	..	3	..
Y	21	Normal new born baby—single birth ..	111	119	230	111	119	..	..	..	..	..	86	100	9	5	14	..	..	..
Y	22	Immature new born baby—single birth..	37	54	91	37	52	..	..	..	..	2	36	51	1	2	1	..	..	..
Y	23	Twin normal with mate liveborn..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y	24	Twin normal with mate stillborn	36	35	71	36	35	..	..	..	..	..	26	30	3	1	4	..	..	..
Y	25	Twin immature with mate liveborn ..	1	2	3	1	2	..	..	..	..	..	1	..	..	..	2	..	..	..
Y	26	Twin immature with mate stillborn ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y	27	Multiple born normal, mates all liveborn..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y	28	Multiple born normal, one or more mates	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y	29	Multiple born normal, one or more mates stillborn ..	2	..	2	2	..	..	..	..	..	..	2	..	..	..	..	..	..	..
TOTALS			14,509	21,289	35,798	5,321	4,647	888	720	1,584	2,767	6,716	13,155	21,189	901	904	641	489	2,340	242

LEGEND — R = The number of cases re-admitted for the same complaint.
RT = The number of cases transferred to a second hospital for a complaint which has already resulted in a coded return from the first hospital.

TABLE 2.

(External) Causes of Injury (Accidents, Poisonings, Violence, &c.)

A.E. Code.

Classification of Nature of Injury (Accidents, Poisonings, Violence, &c.)														
Cause Groups														
	Fracture of skull AN 138	Fracture of spine and trunk AN 139	Fracture of limbs AN 140	Dislocation without fracture AN 141	Sprains and strains of joints and adjacent muscles AN 142	Head injury (excluding fracture) AN 143	Internal injury of chest, abdomen, and pelvis AN 144	Laceration and open wounds AN 145	Superficial injury, con- tusion and crushing with intact skin surface AN 146	Effects of foreign body entering through orifice AN 147	Burns AN 148	Effects of poisons AN 149	All other and unspeci- fied effects of external causes AN 150	Total
AE 138 Motor vehicle accidents ..	111	56	147	11	9	256	23	126	45	..	..	..	9	793
AE 139 Other transport accidents ..	8	5	17	3	1	35	2	7	6	..	..	..	1	85
AE 140 Accidental poisoning ..	..	1	..	1	..	..	..	..	..	1	..	144	..	147
AE 141 Accidental falls ..	46	41	612	31	37	146	11	100	61	1	..	..	16	1,102
AE 142 Accident caused by machinery ..	5	1	47	1	1	1	..	149	9	..	3	..	8	225
AE 143 Accident caused by fire and explosion of combustible material ..	..	2	1	..	1	1	..	4	4	..	67	..	1	81
AE 144 Accident caused by hot substance, corrosive liquid steam, and radiation ..	..	..	1	..	..	..	..	..	..	..	183	4	2	190
AE 145 Accident caused by firearm ..	..	..	3	..	..	2	3	18	..	2	2	..	3	33
AE 146 Accidental drowning and submersion ..	..	..	..	..	..	..	..	..	1	1	..	..	11	13
AE 147 All other accidental causes ..	111	19	170	41	60	104	13	329	53	83	14	17	72	1,086
AE 148 Suicide and self-inflicted injury ..	..	..	..	..	..	2	3	7	..	3	1	70	5	91
AE 149 Homicide and injury purposely inflicted by other persons (not in war) ..	11	..	1	1	..	13	1	2	3	..	..	..	1	33
AE 150 Injury resulting from operations of war ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Not stated ..	..	1	1	..	..	1	..	1	1	1	1	2	..	9
Readmissions ..	8	9	91	4	10	8	2	29	3	..	9	4	3	180
Total including readmissions ..	300	135	1,092	93	119	569	58	772	186	92	280	241	132	4,069
Total excluding readmissions ..	292	126	1,001	89	109	561	56	743	183	92	271	237	129	3,889

TABLE 4.

The Occupations of Individuals sustaining Accidents necessitating admission to Hospital in Tasmania, for the Year ended 30th June, 1961.

	Nature of Injury														Total
	AN 138	AN 139	AN 140	AN 141	AN 142	AN 143	AN 144	AN 145	AN 146	AN 147	AN 148	AN 149	AN 150		
	Fracture of skull	Fracture of spine and trunk	Fracture of limbs	Dislocation without fracture	Sprains and strains of joints and adjacent muscles	Head injury (excluding fracture)	Internal injury of chest, abdomen, and pelvis	Laceration and open wounds	Superficial injury, contusion and crushing with intact skin surface	Effects of foreign body entering through orifice	Burns	Effects of poisons	All other and unspecified effects of external causes		
00	Farm workers ..	7	4	24	7	6	17	4	37	8	3	2	1	9	129
01	Farm contractors ..	3	2	1	2	1	1	..	5	2	..	..	..	..	17
02	Shearers ..	1	..	..	..	..	2	..	2	..	..	..	..	..	5
03	Drovers ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
04	Timber workers ..	4	2	14	1	1	10	1	32	1	..	3	..	1	70
05	Fishermen ..	..	..	5	..	..	4	..	1	..	..	1	1	1	12
06	Trappers, hunters ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Teaching occupations ..	2	1	2	1	1	5	..	3	..	..	1	..	..	16
11	Medical and health occupations ..	3	1	5	..	3	10	..	1	5	..	..	2	..	30
12	Religious and Social Welfare occupations ..	..	..	..	..	..	1	..	..	1	..	1	..	..	3
13	Legal occupations ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Metallurgists ..	..	..	..	..	1	1	..	..	1	..	..	..	..	3
15	Constructional occupations ..	2	..	5	..	..	1	..	1	..	..	..	..	..	9
16	Literary and artistic occupations ..	..	..	1	..	..	1	..	..	..	..	..	..	..	2
17	Musicians, actors, dancers ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Politicians ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
19	Other professional occupations ..	..	..	..	1	..	..	..	..	1	..	..	..	..	2
20	Proprietors, directors ..	2	..	3	..	..	2	..	1	1	..	2	..	..	11
21	Managers ..	2	3	1	..	..	3	..	1	..	..	1	..	..	11
22	Ship's officers, aircraft officers ..	..	1	..	..	..	1	..	1	..	..	..	..	..	3
30	Clerical and semi-clerical occupations ..	10	4	16	2	6	25	1	10	5	3	2	2	2	88
34	Selling and broking occupations ..	7	5	11	..	..	23	1	8	1	1	4	4	4	66
40	Domestic service workers ..	..	..	3	1	2	2	..	2	..	1	1	..	..	12
42	Hairdressers ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
43	Undertakers ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44	Sporting occupations ..	1	..	..	..	..	2	..	..	..	..	..	..	..	3
45	Fire brigade men ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
46	Ambulance men ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
47	Police, prisons' officers ..	..	1	4	..	..	..	..	3	..	..	..	..	..	8
48	Other service workers..	..	..	2	1	1	2	..	1	..	1	..	..	..	10
49	Members of armed forces ..	..	..	1	..	..	1	..	2	..	..	..	..	..	4
50	Foremen, supervisors ..	2	1	7	..	1	..	..	2	..	1	..	..	..	16
51	Building and constructional craftsmen ..	6	6	22	5	4	6	1	26	1	1	1	1	1	85
52	Mechanics, fitters, turners ..	7	2	10	3	3	4	..	17	4	..	3	1	2	60
53	Technicians, n.e.i. ..	2	..	2	..	1	1	2	3	..	..	..	..	1	12
54	Printing craftsmen ..	1	..	..	2	..	..	..	..	..	..	..	..	..	1
55	Engineers, drivers ..	2	2	4	2	1	3	1	7	..	1	..	..	2	26

PUBLIC HOSPITAL STATISTICS
(*Excluding Chest and Mental Hospitals*)

Number of Patients

The number at patients was 81 more than during the previous financial year. The number of general patients decreased by 126, infectious disease patients increased by 96, and maternity patients increased by 111. The total number of patients was 37,295. The number of persons in the hospitals for the care of the Aged and Invalids rose from 936 in 1959-60 to 967 in 1960-61.

Bed-days

The number of bed-days shows a net decrease of 2,232 compared with those for the previous financial year. Bed-days for general patients decreased by 2,602, infectious disease patients increased by 1,305 while maternity bed-days decreased by 935.

The overall reduction was accentuated by a slightly shorter average length of stay. The total number of bed-days was 427,078. The number of bed-days in the hospitals for the care of the Aged and Invalids was 235,096, an increase of 12,313 over the previous year.

Births

The total for the year was 8,051, an increase of 177 over the previous financial year.

Receipts

Hospital revenue for the year was £3,166,543 including patients' fees, donations and miscellaneous receipts totalling £814,470.

Commonwealth contributions in the form of hospital benefits amounted to £222,466 while State aid was £2,129,607.

Commonwealth Pharmaceutical Benefits amounted to £87,871.

Payments

Total payments were £3,156,201, an increase of £195,449 over expenditure for 1959-60. The sum of £2,067,936, or 65.52 per cent of the total expenditure, was attributable to salaries.

Patients' Costs

The average daily cost for in-patients for the 23 main hospitals, as listed in Table 5, was £5 14s. 3d. an increase of 8s. compared with 1959-60. Outpatients' costs per visit increased from 13.9d. in 1959-60 to 14.8d. in 1960-61.

Comparisons

Comparisons and details of receipts and payments, together with relevant percentages under the principal classifications, are set out in Table 5.

Patients' statistics are given in Tables 6 and 7.

TABLE 5.

PUBLIC HOSPITALS—Summary of Receipts and Payments, Costs, &c., for Year ended 30th June, 1961.

No.	Hospital	Daily Average of Occupied Beds	Balances at 1st July, 1960		MAINTENANCE RECEIPTS						No.	MAINTENANCE PAYMENTS (NET)							Balance at 30th June, 1961		In-Patients' Cost		Out-Patients' Cost		No.
					Common- wealth Aid	State Aid	In- Patient Fees	Out- Patient Fees	Sundries Donations, Interest, Rent, Misc. Receipts	Total Receipts		Salaries and Wages	Provisions	Domestic	Dispensary and Surgical	Admin. and Misc.	Repairs	Total Payments							
			Debit	Credit	Hospital Benefits														Debit	Credit	Per Daily Occupied Bed	Per Patient	Per Atten- dance	Per Patient	
			£	£	£	£	£	£	£	£		£	£	£	£	£	£	£	£	£	£ s. d.	£ s. d.	s. d.	£ s. d.	
1	Base General Hospitals:																								
2	Royal Hobart	372.05	..	1,429	57,831	600,100	190,427	10,584	3,402	862,344	1	545,155	90,674	85,499	85,473	38,914	13,774	859,489	..	4,284	5 7 5	65 17 4	15 5	2 1 1	1
3	Lady Clark	19.93	..	896	1,009	7,250	19,284	867	133	28,543	2	15,480	6,076	3,039	879	1,183	992	27,649	..	1,790	3 7 2	47 9 7	10 4	5 11 3	2
	Launceston General	234.19	..	498	38,212	427,320	118,066	9,630	1,052	594,280	3	395,855	46,080	50,923	68,797	24,005	8,610	594,270	..	508	6 5 0	94 4 5	13 2	3 6 5	3
	TOTALS	626.17	..	2,823	97,052	1,034,670	327,777	21,081	4,587	1,485,167		956,490	142,830	139,461	155,149	64,102	23,376	1,481,408	..	6,582	5 12 8	74 12 9	14 8	2 6 4	
4	Regional Hospitals:																								
5	Burnie	52.32	258	..	7,864	84,350	41,015	926	565	134,720	4	83,952	10,594	13,548	19,511	5,844	890	134,339	..	123	6 3 11	45 8 11	17 9	2 4 4	4
6	Lyell, Queenstown	37.28	..	204	5,320	38,391	27,111	3,266	100	74,188	5	46,082	8,358	8,700	6,943	2,816	1,322	74,221	..	171	5 0 3	48 7 6	15 5	2 3 7	5
7	Mersey, Latrobe	76.07	381	..	11,854	187,903	47,978	198	1,017	248,950	6	176,320	20,308	18,788	14,581	14,466	3,379	247,842	..	727	8 7 10	105 9 0	13 2	2 11 2	6
	Spencer, Wynyard	47.75	..	43	8,072	56,668	26,364	363	251	91,718	7	61,652	8,893	10,419	6,524	2,666	1,605	91,759	..	2	5 2 0	65 12 7	14 10	1 4 0	7
	TOTALS	213.42	639	247	33,110	367,312	142,468	4,753	1,933	549,576		368,006	48,153	51,455	47,559	25,792	7,196	548,161	..	1,023	6 11 5	67 1 11	15 4	2 3 3	
8	Maternity Hospitals:																								
9	Queen Alexandra, Hobart	49.08	238	..	7,192	27,540	51,105	..	51	85,888	8	52,023	11,933	10,673	4,374	3,143	2,458	84,604	..	1,046	4 13 10	49 5 0	10 7	3 3 0	8
	Queen Victoria, Launceston	53.31	223	..	7,830	41,140	58,166	..	25	107,161	9	65,449	14,740	15,340	3,615	5,195	2,437	106,776	..	162	5 9 6	45 16 4	10 5	2 11 11	9
	TOTALS	102.39	461	..	15,022	68,680	109,271	..	76	193,049		117,472	26,673	26,013	7,989	8,338	4,895	191,380	..	1,208	5 2 0	47 5 5	10 6	2 19 0	
10	Rural Hospitals:																								
11	Beaconsfield	24.46	592	..	3,968	17,115	11,904	16	18	33,021	10	22,724	3,312	3,664	1,539	1,103	395	32,737	308	..	3 13 4	37 4 10	..	..	10
12	Bowmont, Franklin	11.35	..	12	1,763	12,120	7,108	..	6	20,997	11	14,470	2,254	1,896	1,311	849	216	20,996	..	13	5 1 5	45 3 3	..	..	11
13	Campbell Town	13.88	..	..	2,424	19,777	7,450	..	27	29,678	12	18,626	3,719	4,927	987	835	585	29,679	1	..	5 14 2	49 5 11	..	..	12
14	Flinders	4.74	467	..	758	10,256	3,181	..	119	14,314	13	8,532	1,510	2,430	267	1,251	51	14,041	..	740	8 2 5	65 18 5	..	..	13
15	King Island	6.19	51	..	886	21,110	3,827	..	151	25,974	14	14,422	2,931	4,613	924	1,763	1,564	26,217	294	..	10 4 11	73 13 2	12 7	1 1 7	14
16	New Norfolk	13.55	..	8	2,127	10,555	9,190	..	85	21,957	15	14,343	2,116	2,600	1,223	892	174	21,348	..	617	4 6 4	33 5 0	..	..	15
17	N.E. Soldiers Memorial, Scottsdale	22.98	..	137	3,549	21,980	14,871	..	86	40,486	16	26,945	3,289	4,615	2,701	1,425	1,674	40,649	26	..	4 16 11	49 15 1	..	..	16
18	Ouse	3.32	251	..	450	8,030	2,780	4	20	11,284	17	7,630	1,392	998	360	479	300	11,159	126	..	9 4 6	52 2 11	..	..	17
19	Rosebery	6.27	184	..	907	10,563	5,327	17	15	16,829	18	10,529	1,332	1,741	1,416	1,083	181	16,282	..	363	7 2 5	47 6 8	..	..	18
20	St. Marys	8.61	671	..	1,400	15,200	5,383	105	100	22,188	19	14,692	2,125	2,537	1,297	702	204	21,557	39	..	6 16 4	61 3 4	9 11	0 11 3	19
21	Smithton	3.88	..	294	587	6,185	3,446	..	14	10,232	20	7,880	1,054	822	204	271	89	10,320	..	206	7 5 8	58 1 0	..	..	20
22	Toosey Memorial, Longford	16.16	..	74	2,715	18,280	8,227	..	32	29,254	21	20,433	3,333	2,631	1,298	1,023	336	29,054	..	274	4 18 6	56 17 2	..	..	21
23	Ulverstone (including Levenbank)	23.30	13	..	3,713	22,776	13,517	..	79	40,085	22	26,868	3,545	3,303	2,966	1,384	659	38,725	..	1,347	4 11 1	32 16 4	..	..	22
	Zeehan	14.60	..	590	2,534	17,735	7,623	53	166	28,111	23	16,354	3,548	3,850	2,063	1,123	1,201	28,139	..	562	4 18 5	94 12 8	9 4	0 18 7	23
	TOTALS	173.29	1,762	1,582	27,781	211,682	103,834	195	918	344,410		224,448	35,460	40,627	18,556	14,183	7,629	340,903	794	4,122	5 5 11	47 18 10	11 0	0 19 10	
	TOTAL PUBLIC HOSPITALS	1,115.27	2,862	4,652	172,965	1,682,344	683,350	26,029	7,514	2,572,202		1,666,416	253,116	257,556	229,253	112,415	43,096	2,561,852	794	12,935	5 14 3	64 15 3	14 8	2 4 6	
24	District Nursing Centres (14) with beds	14.38	..	..	2,192	62,446	11,126	338	..	76,102	24	51,069	4,846	7,088	3,239	2,592	7,268	76,102	..	..	10 10 0	79 3 7	16 5	1 2 10	24
25	Hospitals for Care of Aged:																								
26	Cosgrove Park, Launceston	189.30	..	223	13,114	93,320	4,450	..	1,302	112,186	25	73,081	13,609	19,305	2,208	1,528	2,583	112,314	..	95	1 12 2	400 0 0	..	..	25
27	St. John's Park, New Town	158.90	..	..	23,908	237,518	54,282	..	..	315,708	26	210,030	47,278	40,363	5,209	4,353	8,475	315,708	..	..	2 1 2	492 10 6	..	..	26
	Spencer Home, Wynyard	34.63	..	1	4,534	18,607	1,151	..	..	24,292	27	18,451	3,580	1,768	28	344	133	24,304	11	..	1 18 5	506 6 8	..	..	27
	TOTALS	382.83	..	224	41,556	349,445	59,883	..	1,302	452,186		301,562	64,467	61,436	7,445	6,225	11,191	452,326	11	95	1 18 5	466 12 11	..	..	
28	Miscellaneous:																								
29	Peacock	13.44	..	45	2,193	4,279	8,803	..	59	15,334	28	10,854	1,777	1,013	268	589	701	15,202	..	177	3 2 0	36 16 2	..	..	28
30	Millbrook Rise Psychopathic Home	16.71	..	..	2,089	11,231	13,435	..	..	26,755	29	18,759	3,420	2,713	647	703	513	26,755	..	..	4 7 9	131 3 0	..	..	29
	Mothercraft Home	10.29	..	..	1,471	19,862	2,631	..	..	23,964	30	19,276	2,445	1,706	128	164	245	23,964	..	..	6 7 8	180 3 7	..	..	30
	TOTALS	40.44	..	45	5,753	35,372	24,869	..	59	66,053		48,889	7,642	5,432	1,043	1,456	1,459	65,921	..	177	..	..	..	..	
	GRAND TOTAL	1,552.92	2,862	4,921	222,466	2,129,607	779,228	26,367	8,875	3,166,543		2,067,936	330,071	331,512	240,980	122,688	63,014	3,156,201	805	13,207	..	..	..	..	

Comparison

Year				Commonwealth Aid		State Aid		Patients' Fees		Sundries, Donations, Interest, Rent, Miscellaneous Receipts		Total Receipts		Salaries and Wages		Provisions		Domestic		Dispensary and Surgical		Administration and Miscellaneous		Repairs		Total Payments		Yearly Increase		Cost Per Daily Occupied Bed		Cost Per Out- Patient Attendance	
				£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	%	s.	d.	s.	d.	
1957-58	..	..	..	282,043	= 10.77	1,697,373	= 64.83	634,016	= 24.22	4,499	= 0.18	2,617,931	= 100	1,673,941	= 64.50	274,455	= 10.58	283,004	= 10.90	208,410	= 8.03	89,885	= 3.46	65,629	= 2.53	2,595,324	= 100	5.72	96	4	12	8	
1958-59	..	..	..	287,267	= 10.67	1,752,567	= 65.08	646,469	= 24.00	6,850	= 0.25	2,693,153	= 100	1,761,099	= 65.12	280,343	= 10.37	280,670	= 10.38	228,826	= 8.46	92,236	= 3.41	61,184	= 2.26	2,704,358	= 100	4.20	98	4	14	4	
1959-60	..	..	..	299,866	= 10.20	1,929,891	= 65.65	700,746	= 23.84	8,964	= 0.31	2,939,467	= 100	1,955,572	= 66.05	292,601	= 9.88	305,404	= 10.32	235,622	= 7.96	107,889	= 3.64	63,664	= 2.15	2,960,752	= 100	9.48	106	3	13	9	
1960-61	..	..	..	222,466	= 7.03	2,129,607	= 67.25	805,595	= 25.44	8,875	= 0.28	3,166,543	= 100	2,067,936	= 65.52	330,071	= 10.46	331,512	= 10.50	240,980	= 7.64	122,688	= 3.88	63,014	= 2.00	3,156,201	= 100	6.60	114	3	14	8	

TABLE 6.

General Statistics of Public Hospitals for the Year ended 30th June, 1961.

IN-PATIENTS																														OUT-PATIENTS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
No.	Hospital	Average Daily No.	BEDS AVAILABLE						No.	NUMBER TREATED					BED DAYS					Total Bed Days	No.	DAILY AVERAGE OF OCCUPIED BEDS					No.	AVERAGE LENGTH OF STAY—DAYS					Births (Total Deliveries)	Number Persons Registered	Total Attendances	Av. No. of Visits per Person Treated	No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
			Non-Public		Public					Total Beds	Non-Public		Public			Totals In-Patient	Non-Public		Public			Total Daily Average	Non-Public		Public			Average All Patients																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
			General	Maternity	General	Cots	Maternity	Infectious			General	Maternity	General	Maternity	Infectious		General	Maternity	General				Maternity	Infectious	General	Maternity			General	Maternity	Infectious	General						Maternity	General	Maternity	Infectious																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
1	Base General Hospitals:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							</

TABLE 7.

General Statistics for Care of Aged and Invalids for Year ended 30th June, 1961.

No.	Hospitals	Average Daily Number			Bed Accommodation Available			Number Accommodated During Year	Bed Days		
		General	Hospital	Total	General	Hospital	Total		Not Qualified for Hospital Benefits	Qualified for Hospital Benefits	Total
1	Cosgrove Park	99.48	89.82	189.30	106	90	196	278	36,309	32,785	69,094
2	St. John's Park	261.27	158.90	420.17	362	168	530	641	95,363	57,999	153,362
3	Spencer ..	34.63	..	34.63	35	..	35	48	12,640	..	12,640
	Total ..	395.38	248.72	644.10	503	258	761	967	144,312	90,784	235,096

BEACONSFIELD FLUORIDATION SURVEY

Towards the end of last year, the Consultant to the Department on Fluoridation matters (Dr. P. C. Brothers) gave a very illuminating demonstration at Beaconsfield, which showed the value of fluoridation in preserving the teeth of children. This demonstration was attended by eminent dental authorities from the mainland states, who were most impressed with the results. The Consultant's account of fluoridation work during the year is recorded elsewhere in this report.

DISTRICT MEDICAL SERVICE

During the latter part of the year, the Agreements with municipalities for the provision of a District Medical Service were reviewed in preparation for their renewal for the years 1961-62 and 1962-63.

The following information may be of interest:—

The estimated total cost of the Service for each of the years 1959-60 and 1960-61 was £52,850. The actual cost of maintaining the Service during the year 1959-60 was £59,955. In each of these years the municipalities refunded the sum of £19,183. The actual cost to the State, therefore, was £40,772 in 1959-60. The cost of the Service has been rising, and for each of the years 1961-62 and 1962-63 the estimate is £63,533. Some modifications of the refunds from municipalities to the State were prepared, and submitted to the municipalities prior to the 1st July, for their consideration. Most municipalities had accepted the modifications prior to the end of the year. A few outstanding replies remained, but it is understood that the proposed refunds would be accepted by all.

Under the proposed new Agreements, the sum of the refunds would amount to £24,912 per annum, which means that, despite the estimated over-all increase in the cost of the Service, the cost to the State would be £38,621 per annum. This represents a reduction of £2,151 per annum, compared with the year 1959-60.

GOVERNMENT NURSING SERVICE

Tourist Nursing Division

The Tourist Nursing Division has maintained its reputation during the current year as a valuable source of supplementary staff supply for

the Department, in assisting country hospitals which are unable to obtain their own staffs. It applies particularly in the more isolated areas. It is also regularly used for supplementing our own staff shortages of the District Nursing Centres Division.

The Tourist Nursing Division remains popular with travelling Nursing Sisters from abroad and from other Australian States, as they are able to see the country at the same time as working.

Without the help of this Nursing Service the Country Hospitals and District Nursing Centres could not function fully, and some would need to close. It is recorded moreover that some smaller hospitals are entirely staffed from this pool, as in previous years.

Some appointees to this staff have occasionally resigned, after a period of relieving, to accept Matronships, or other more permanent appointments, offered to them by Hospital Boards. This procedure has at all times met with the entire approval of the Department.

During the current year there have been 35 new appointments and 38 resignations, and 23 remain on the staff.

The average length of stay per person remains at 6 to 12 months. One has remained longer than 12 months.

District Nursing Centres Division

Table 9 gives a summary of work performed during the current year in the 25 District Nursing Centres at present in operation.

There is no change in the number of Centres functioning since last report was tabled.

Transfer of the Sister's residence at Rossarden Centre from Mine management ownership to Government has now been completed. Since its transfer, the building has been extended to include a new emergency ward, casualty room, waiting room, and toilet suite, all of which have been furnished and equipped. These additions are much appreciated by staff and residents.

The staff situation and shortage of Nursing Sisters remains about the same. Vacancies have had to be temporarily filled from such sources as the Department's Tourist Nursing Division, consistently, and by casual married staff able to help on occasions. By this means our 25 Centres have been nearly fully staffed. There

TABLE 8.
DISTRICT MEDICAL SERVICE.
Summary of Attendances to Patients for the Year ended 30th June, 1961.

District Medical Officer	Total No. of Patients Attended	SEX		DIAGNOSIS			CLASSIFICATION				TIME OF EXAMINATION			PLACE OF EXAMINATION			MILEAGE		X-Rays	Admitted to Hospital	Referred to Specialist
		M.	F.	Medical	Surgical	Ante-Natal	Public	Private	Workers' Compensation Cases	Old Age Pensioners	In Hours	Out of Hours	Holidays	Main Surgery	Branch Surgery	Dom-iciliary Visits	In Hours charged to Dept.	Out of Hours charged to Dept.			
Bruny Is. . .	858	411	447	839	7	12	853	5	..	..	854	4	..	357	16	485	4,195	..	2	14	..
Cygnets ..	5,692	2,956	2,736	5,280	226	186	4,110	636	322	624	4,418	1,043	231	3,732	..	1,960	..	14	42	4	5
Esperance ..	4,956	2,134	2,822	3,996	741	219	4,586	94	191	85	4,717	175	64	2,988	461	1,507	8,486	7	23	22	18
Evandale ..	7,092	3,598	3,494	6,455	635	2	6,727	306	10	49	6,735	203	154	3,842	1,394	1,856	13,458	110	..	1	..
Flinders Is.	4,552	2,168	2,384	3,350	863	339	4,322	146	70	14	4,269	181	102	3,685	307	560	3,903	..	35	91	1
Glamorgan	5,246	2,234	3,012	4,402	465	379	5,216	18	7	5	5,233	7	6	2,262	2,265	719	14,557	..	2	1	3
Snug ..	7,454	3,684	3,770	5,253	2,188	13	6,656	478	184	136	6,783	510	161	4,173	2,035	1,246	10,240	..	3	8	19
Kingston B.	5,823	2,911	2,912	4,890	916	17	5,157	509	74	83	5,290	410	123	3,570	1,598	655	6,578	..	2	5	30
King Is. ..	6,501	3,144	3,357	4,093	1,748	660	6,105	219	176	1	6,298	142	61	5,442	981	78	3,713	..	93	71	6
New Norfolk	634	359	275	424	174	36	579	10	42	3	573	58	3	573	28	33	1,663	..	20	13	6
Maydena ..	5,718	2,700	3,018	2,497	2,997	224	4,436	580	504	198	4,901	525	292	3,368	940	1,410	9,950	..	1	1	..
Penguin ..	8,984	4,321	4,663	7,658	1,299	27	7,976	808	53	147	8,060	748	176	8,134	203	647	6,339	142	54	46	53
Portland ..	5,930	2,636	3,294	4,593	1,055	282	5,235	464	100	131	5,437	275	218	3,499	9	2,422	12,676	..	74	40	12
Ringarooma	5,693	2,752	2,941	3,635	1,886	172	5,100	469	68	56	5,138	490	65	2,524	2,276	893	9,273	40	25	27	38
Richmond ..	2,952	1,352	1,600	2,629	316	7	2,886	49	11	6	2,895	45	12	1,687	755	510	9,479	226	1	7	1
Tasman ..	2,909	1,387	1,522	2,046	642	221	2,378	363	97	71	2,494	215	200	1,941	486	482	7,955	..	23	80	39
Total ..	80,994	38,747	42,247	62,040	16,158	2,796	72,322	5,154	1,909	1,609	74,095	5,031	1,868	51,777	13,754	15,463	22,465	539	400	431	231

were some exceptions, as shown in attached summary of figures, usually during short periods of staff illness or annual leave.

Local Committees continue to operate at Rossarden, Storeys Creek and Lilydale. The remaining 22 Centres have active local auxiliaries, which over the years have gradually replaced local Committees of control. The Committees and Auxiliaries assist the Department locally with their own individual Centres.

Maintenance of and repairs to buildings have been carried out as required, by the Department. Equipment has been replaced where needed, and new modern articles have been supplied. Much of this supply has again been made possible by valuable assistance from interested associations and community spirited individuals.

We again wish to express thanks to all our loyal helpers, including the Northern Bush Nursing Association, Auxiliaries, Country Women's Association, Red Cross Trust Fund, and other interested Committees and individuals. These have generously assisted the Department in making a success once again of our District Nursing Centres Division scheme for country residents.

TABLE 9.

Summary of Work Performed in the District Nursing Centres Division, during the Year ended 30th June, 1961.

Name of Centre	Hospital Bed Capacity	Visits to Centre	Visits to Patients	In- Patients Bed Days	Matern- ity Patients	Pre- Natal Visits	Child Health Visits	School Visits	Mileage	Fees Collected		
										£	s.	d.
SOUTH:												
Alonnah, Bruny Is. . .	2	855	341	32	3	34	529	9	1,961	70	6	6
Cygnnet	5	577	..	464	34	..	439	..	..	920	0	0
Dover	5	512	1	669	22	115	33	..	2	739	18	6
Koonya, Tas. Pen. . .	5	948	..	619	20	60	259	1	4,779	927	7	7
Oatlands	5	6,812	90	314	10	90	320	..	1,891	593	17	6
Southport*	2	764	139	..	..	60	194	..	159	1	10	0
Strahan	..	2,551	1,577	..	..	219	342	..	7,723	30	10	0
Swansea†	4	3,896	2	255	26	266	1,519	37	3,459	334	1	8
Triabunna	3	4,191	103	165	17	174	559	1	610	303	0	0
Totals: 9 Centres . .	31	21,106	2,253	2,518	132	1,018	4,194	48	20,584	3,920	11	9
NORTH:												
Avoca	..	2,981	134	..	..	9	250	27	311	14	10	0
Cape Barren Is.‡ . .	1	1,047	166	83	2	79	124	2	204	..	..	..
George Town	5	208	..	775	84	92	70	..	..	1,690	4	0
Gladstone	..	1,206	914	..	..	70	627	4	5,628	38	8	6
Grassy, King Island .	..	3,202	168	..	..	186	1,339	..	4,157	26	18	0
Lilydale	..	989	1,099	..	..	26	885	2	6,112	291	7	0
Mole Creek	..	1,472	549	..	..	..	667	..	1,840	36	18	0
Redpa	..	1,333	129	..	..	42	527	15	2,116	23	7	0
Ringarooma	..	1,793	91	..	..	36	365	..	362	13	16	8
Rossarden	..	4,819	2,073	..	..	530	1,037	4	7,910	41	18	9
St. Helens	6	126	..	871	33	235	278	..	..	1,867	1	10
Sheffield	5	61	..	630	62	..	..	..	..	1,272	15	0
Storeys Creek¶ . . .	..	2,583	957	..	..	73	528	1	2,340	..	..	..
Tullah	1	1,039	57	..	..	22	71	..	57	14	2	0
Waratah	..	836	554	..	..	24	203	8	3,942	57	2	0
Westbury	3	44	..	386	23	16	21	..	..	622	1	0
Totals: 16 Centres . .	21	23,739	6,891	2,745	204	1,440	6,992	63	34,979	6,010	9	9
Grand Totals: 25 Centres||	52	44,845	9,144	5,263	336	2,458	11,186	111	55,563	9,931	1	6

*Closed October and December due to staff shortage. †Short staffed for Sister's annual and sick leave—1 month.
‡Closed April for Sister's annual leave. ¶Closed one month for Sister's annual leave. ||Visits in columns
1 and 2 include immunisations—assisting the Doctors.

COMPARATIVE FIGURES FOR 5 YEARS—1957–1961

1956–57: 29 Centres . .	70	53,338	10,616	4,211	268	2,788	9,810	100	54,748	7,488	11	1
1957–58: 26 Centres . .	54	46,877	14,983	4,715	292	2,856	10,199	120	56,127	8,446	13	4
1958–59: 26 Centres . .	57	49,192	11,379	5,687	292	2,504	10,765	94	57,028	8,524	15	5
1959–60: 25 Centres . .	52	42,189	11,080	5,712	321	2,377	9,793	75	58,909	8,250	1	3
1960–61: 25 Centres . .	52	44,845	9,144	5,263	336	2,458	11,186	111	55,563	9,931	1	6

STAFF

I wish first of all to acknowledge my grateful thanks to the Director of Tuberculosis (Dr. J. H. R. Tremayne) for his kindness in acting for me on a number of occasions during my absence. To all other Directors and Officers of the Department I wish to acknowledge my very grateful thanks for the whole-hearted support that they have given me during the year.

I would also wish to draw your attention to the very competent and conscientious manner in which they have carried out their duties.

I have, &c.,
JOHN EDIS, M.R.C.O.G. (Lond.),
M.R.C.S. (Eng.), L.R.C.P.
(Lond.), M.R.S.H. (Lond.).
Director-General of Health Services.

REPORT OF THE DIRECTOR OF ORTHOPAEDIC SERVICES FOR THE YEAR ENDED 30th JUNE, 1961.

1. ACCIDENTS AND INJURIES

Road accidents still continue to form a very high proportion of all the admissions to the Orthopaedic Wards. Industrial injuries also constitute a fairly high proportion of injuries. Many of these industrial accidents occur in New Australians. Intensive propaganda should be continued to prevent, if possible, the occurrence of such accidents.

The handling and treatment of these cases is being dealt with very efficiently throughout all hospitals in the State.

2. REHABILITATION.

The Rehabilitation Centre at Claremont still continues to give excellent service, and the following are the comparative figures for the previous year and this.

1960		1961	
In-Patients	Out-Patients	In-Patients	Out-Patients
483	562	491	584

There has been an increase of 22 Out-Patients during the present year.

The Repatriation Department is using the facilities of the Rehabilitation Centre for the treatment of its patients. There is ample accommodation for both civilians and Repatriation patients, and this latter type of patient is welcomed from a financial point of view.

The Commonwealth Rehabilitation Service is also using the Rehabilitation Centre to an increased degree in the rehabilitation of its patients, and I think it would be fair to say there has been an average of 5-6 patients per week throughout the year who are residents at the Hospital. The patients are drawn from all parts of the State, and it is fulfilling a very real need in the community.

3. TREATMENT OF CEREBRAL SPASTIC PARALYSIS

This continues to be carried out at Wingfield under the care of Dr. Marshall, and in the north Dr. David McIntyre is looking after these children. The accommodation at both centres is first class and the treatment is proceeding satisfactorily.

4. INFANTILE PARALYSIS

Since writing my last report there has been a minor epidemic and in all 48 cases were notified. However, it is interesting to note that there were two age groups in the cases reported, those under 10, and adults in their 30's. Most of the cases reported had not received immunisation. This is further convincing evidence for continuing the immunisation campaign. There was quite a number of adults, unfortunately there were one or two cases who were very severely affected.

5. SURGICAL TUBERCULOSIS

I am able to report that there were only two cases reported in the community. My own personal observation is that bone and joint tuberculosis is a vanishing disease in this community, and I am sure that in another decade any such case will be a rarity.

6. SPLINTS AND SURGICAL APPLIANCES

On the whole the supply of these is fairly satisfactory. There still continues to be some time lag in the supply of these splints in Hobart, but this has been occasioned by the fact that one of the senior members of the staff has had a serious illness. However, the staff have coped very well indeed with the emergency.

The position at Launceston is very satisfactory.

7. ARTIFICIAL LIMBS

The supply of artificial limbs by the Repatriation Department to civilians still continues, and the time lag in the supply of limbs has been considerably shortened. I think as time passes and the number of Repatriation patients from the First War diminishes, as it must inevitably do, the Repatriation Department should be able to give an even greater service than it is giving at the present time. A very close liaison has been established between the Repatriation Limb Factory's Technical Expert, Dr. Klein, when he visits this State from time to time. As a result of this we have been able to supply children with limbs who have been born without arms; in one case, a child with bilateral congenital amputation of arms has been successfully fitted.

8. TRAVELLING

The north, north-west and west coast hospitals have been visited at three monthly intervals, and the same routine has been followed as in the past. With the passage of time it has been my aim to delegate more responsibility to the surgeons on the spot. They all now have sufficient experience to deal with practically all the common traumatic emergencies which occur. It is becoming increasingly rare for these hospitals to transfer cases to the centres at either Hobart or Launceston. At the north and north-west hospitals the surgical staffs are excellent.

9. TEACHING

At these visits every opportunity is taken to re-examine old cases and demonstrate and teach any new methods or procedure. The difficult cases are seen in consultation, and suggestions for management given. Demonstration operations are carried out on the difficult cases, and operative guidance and assistance is also given to the surgeons at these hospitals. Every effort is being made to teach and instruct the other orthopaedic surgeons in the island, and the monthly follow-up clinics in Hobart are proving most successful and stimulating. The same procedure has been carried out at Launceston.

10. TREATMENT OF PARAPLEGICS

I am glad to say that the transfer of severely injured paraplegics, as a result of severe spinal injuries, is progressing satisfactorily. The initial treatment is given in the various hospitals here and, as soon as the patient is fit for travel and it is also realised that he will be paralysed, he is transferred to the Spinal Injury Centre at Heidelberg. It is quite uneconomic to have a Spinal Centre here in Hobart. When treatment is complete he is sent back to us. We are now organising a monthly sporting session at the Rehabilitation Centre at Claremont. The Hospital provides transport to take these people there, and they are engaged on such games as they are able to manage such as archery, croquet and bowls. They are very enthusiastic, and I am sure it will play a very large part in making them good members of the Community, and in keeping up their morale.

In conclusion, once again I should like to place on record my keen appreciation of the loyal help which I have received from my medical colleagues, from the nursing, physiotherapy and lay staffs of the Hobart, Launceston, Burnie, Devon and Queenstown Hospitals, and the Lady Clark Rehabilitation Centre.

D. W. L. PARKER, O.B.E., M.Ch.Orth.,
F.R.C.S., F.R.A.C.S.,
Director of Orthopaedic Services.

REPORT OF THE DIRECTOR OF PATHOLOGY FOR THE YEAR ENDED 30th JUNE, 1961.

During the last twelve months there has been a gradual increase and extension of the Pathology Service in Tasmania. The service is now reasonably adequate; and available to nearly all people in this State.

BURNIE

This laboratory continues to perform pathology for the Burnie, Wynyard and Smithton areas. The staff is inadequate both in numbers and training, but daily visits from Dr. Nowell or Mr. Nute provide a reasonable margin of safety. This means considerable travelling, but there is no alternative at present.

DEVONPORT

This small laboratory has been expanded and does the tests for Devonport and Latrobe. The local doctors find it most useful. Dr. Nowell and Mr. Nute work

there on alternate days. Tests from the Mersey Hospital are received twice daily.

LATROBE

With the appointment of Dr. T. Nowell as Pathologist for the north-west coast area, many of our difficulties have been solved. The new laboratory at the Mersey Hospital is being equipped and will soon be in use. The space provided is more than required at present, but will be found most useful within the next few years, as the tests must continue to increase.

LAUNCESTON

Dr. Manoim has resigned as Pathologist to the Launceston General Hospital. We hope a successor can be found without too much delay. Dr. Bradley, the Registrar Pathologist, will be acting pathologist in the meantime.

HOBART

Dr. Hamilton has continued to keep this laboratory working efficiently. There have been a great many changes of staff and it is almost impossible to get trained staff to come, or to stay. This throws great strain on everyone, and the junior workers have to be very closely supervised to prevent serious accidents.

TRAINED STAFF

This is our greatest problem. We need trained people to be responsible for performing the tests in their specialty and for teaching the juniors. We cannot get trained men or women, and this is not surprising in view of the lower salaries, and less attractive positions, which we offer here in Tasmania. The position was put very plainly to the Public Service Tribunal. The remedy is in its hands.

MEDICO-LEGAL WORK

Owing to the resignation of Dr. Manoim, it was necessary to ask private practitioners in Launceston to act as pathologists to the coroner.

REPORT OF THE NURSES' REGISTRATION BOARD FOR THE YEAR ENDED 30th JU NE, 1961.

PERSONNEL

Dr. J. Edis, Chairman; Dr. C. Craig, Dr. P. Nolan, Dr. C. Petrovsky, Miss J. O. Brown, Miss B. L. Campbell, Mrs. B. M. Stephen, Miss N. Winwood, Miss L. M. Zwar.

MEETINGS

Five ordinary meetings have been held during the year.

LEGISLATION

Act

(a) A clause was inserted in the Nurses' Registration Act with reference to travelling allowances paid to members of the Nurses' Registration Board.

(b) An amendment was made to reduce the general training period by three months for registered auxiliary nurses.

(c) A clause was inserted to allow mothercraft nurses, who have subsequently done general training, to do a course of three months in Child Health instead of six months.

Regulations

The following amendments have been made to the Regulations under the Nurses' Registration Act:—

- (a) To enable student nurses to sit for examinations for registration when they have completed two years and nine months' training.
- (b) To fix the price of registration badges and bars at 10s. and 2s. 6d. each respectively.
- (c) To exempt midwifery nurses from keeping records in accordance with form XVI, in cases where the Director-General considers that sufficient other records are kept.

NOTE: Members of the Nurses' Registration Board, in conjunction with members of the Royal College of Obstetricians and Gynaecologists, have reviewed all the Regulations for midwives and certain amendments have been requested, but these were not finalised by the 30th June.

TRAINING SCHOOLS

General	9
Midwifery	6
Psychiatric	2
Child Health	2
Tuberculosis	1
Auxiliary (General)	4
Auxiliary (Geriatric)	1

STUDENT NURSES

1. Applications for training approved—452.

General	277
Midwifery	111
Psychiatric	30
Child Health	9
Tuberculosis	
Auxiliary (General)	18
Auxiliary (Geriatric)	7

Other areas are being covered by Dr. Nowell and myself.

The new mortuary at New Norfolk is a very fine building, and the improvement in working conditions, from the point of view of the pathologist and others, is greatly appreciated. We look forward to having new mortuaries in Huonville and Smithton in the near future.

CANCER DETECTION

This service is growing each year and nearly 4,000 slides are now examined annually. This is very tedious and tiring, but the satisfaction of picking up early unsuspected cases of internal cancer is its own reward.

RESEARCH

The writer has drawn up figures for cancer detection over the last seven years. These will be reported in the Cancer Bulletin and also given as a paper to the College of Pathologists in Adelaide next August.

CAMPBELL DUNCAN, Director of Pathology.

2. Commenced training—443.

General	265
Midwifery	107
Psychiatric	30
Child Health	12
Tuberculosis	
Auxiliary (General)	17
Auxiliary (Geriatric)	12

3. Completed training—225.

General	104
Midwifery	79
Psychiatric	4
Child Health	15
Tuberculosis	2
Auxiliary (General)	11
Auxiliary (Geriatric)	10

4. Resigned or discontinued for other reasons before completion of training—150.

General	105
Midwifery	21
Psychiatric	8
Child Health	2
Tuberculosis	
Auxiliary (General)	9
Auxiliary (Geriatric)	5

5. Total number in training on 30.6.61—780.

General	597
Midwifery	94
Psychiatric	58
Child Health	4
Tuberculosis	
Auxiliary (General)	15
Auxiliary (Geriatric)	12

EXAMINATIONS

1. No education examinations for intending student nurses have been held this year.

2. Examinations for registration:

Number held—

Ordinary	3
Auxiliary	3
Number of candidates	266
Number passed	260
Number failed	6

Details of results:

Subject	Candidates	Passed	Failed
General	131	128	3
Midwifery	92	92	
Psychiatric	5	4	1
Child Health	16	15	1
Tuberculosis	2	2	
Aux. (General)	10	9	1
Aux. (Geriatric)	10	10	
	266	260	6

REGISTRATION

1. Applications approved—617.
- | | |
|-----------------------|-----|
| General | 362 |
| Midwifery | 197 |
| Psychiatric | 7 |
| Child Health | 20 |
| Tuberculosis | 4 |
| Auxiliary (General) | 16 |
| Auxiliary (Geriatric) | 11 |
2. Number who renewed registration for the year—1,652. Of these 82 were auxiliary nurses.
3. Number of registrations current 30.6.61—3,245.
- | | |
|--------------|-------|
| General | 1,971 |
| Midwifery | 872 |
| Psychiatric | 73 |
| Child Health | 202 |
| Tuberculosis | 26 |
| Auxiliary | 101 |
4. Number of persons on current register—2,217. Of these 101 are auxiliary nurses.

Details of these registered nurses are as follows:

	Number	Number of Certificates
General	1,155	1,155
General & Midwifery	592	1,184
General, Midwifery & Child Health	179	537
Midwifery only	81	81*
Psychiatric only	56	56
Tuberculosis only	6	6
General & Tuberculosis	8	16
Midwifery & Child Health	2	4*
General & Child Health	11	22
General & Psychiatric	7	14
General, Midwifery, Psychiatric & Child Health	5	20
General, Midwifery, Child Health & Tuberculosis	3	12
General, Midwifery & Tuberculosis	6	18
General, Psychiatric & Tuberculosis	1	3
General, Midwifery & Psychiatric	2	6
General, Midwifery, Psychiatric, Child Health & Tuberculosis	2	10
TOTAL	2,116	3,144

* Some nurses registered as midwifery only or as midwifery and child health have been registered as general nurses as well, but general registration, having been effected earlier, has lapsed and not been renewed.

POST-GRADUATE DIPLOMAS

Number of post-graduate diplomas held—18.

Nursing Administration	5
Sister Tutor	4
Ward Sister	6
Theatre Management & Teaching	3

Two students have commenced the Public Health course which is being held for the first time this year.

CENTRAL PRELIMINARY TRAINING SCHOOL

Three preliminary school blocks have been held:
46 students attended.
20 passed.

REPORT OF THE HANDICAPPED CHILDREN'S ADVISORY COUNCIL FOR THE YEAR ENDED 30th JUNE, 1961.

The Handicapped Children's Advisory Council met on two occasions during the year.

As a result of fine co-operation by the Police Department, a list of handicapped children has been prepared, following a survey undertaken by police officers in conjunction with the compilation of stock and crop statistics.

The Association for the Blind and Deaf is now

10 failed.
1 resigned.
15 were still in the school at 30.6.61.

Three second blocks have been held:
31 students attended.
20 passed.
11 failed.

Seventy-seven students have attended the six blocks during the year.

GENERAL

Three-year Training

All students who have done examinations for registration during this year commenced as four year students, and they did reduced periods of training. The majority of them did three years and three months. Most of the nurses who commenced as four year students have completed or almost completed their training now, and after the next few months all those who qualify will have done the complete three year course.

Foreign Students

Many applications for training are being received from girls in other countries, but only a very small percentage of those who apply possess the required educational qualifications, i.e. that they have passed the Senior Cambridge Overseas examination or its equivalent. Most of the girls who have reached this standard have been written to by one of the training schools and asked for credentials, but many of them never finalise their plans. There are 14 girls from other countries in training at present and several others are expected to commence shortly.

Seminar

An interesting feature of this year was a seminar on Teaching Methods, which was arranged jointly by the Nurses' Registration Board and the Education Department. This was conducted by senior officers and teachers of the Education Department and was attended by matrons and tutors from most of our training schools. It was very interesting and helpful and all were pleased with the contact with, and help received from, senior members of the staff of the Education Department.

Curriculum

The general curriculum which was revised for the three year training is being watched closely and the general opinion, at present, is that it is satisfactory.

The midwifery curriculum has been completely revised by the matrons and tutors of the midwifery training schools in conjunction with members of the Royal College of Obstetricians and Gynaecologists. A number of amendments is pending.

Reciprocity

Some concern is being felt over the changes which are being made in the periods of training in other countries. The main ones seem to be concerned with the inclusion of varying periods of midwifery training included in the general training, and subsequent lessening of the period of midwifery training.

It is felt that careful consideration will have to be given to these matters by the Nurses' Registration Board, especially in the light of a resolution passed this year by the International Council of Nurses, which states that, after 1965, the only countries to be admitted to membership will be those which give a generalised nursing preparation, which includes instruction and supervised practice in order to equip the nurses to care for people of all ages in the promotion of health and in all forms of sickness whether physical or mental. It was stated that generalised training relates to the practice of nursing in medical, surgical, midwifery, paediatrics, public and mental health.

JOHN EDIS, Chairman.

L. H. SIDEBOTTOM, Secretary.

represented on the Council, and the Hon. B. K. Miller, M.L.C., has been nominated as the Association's delegate.

One of the main problems discussed at the Council was the question of housing of handicapped mentally defective children, and this question is being investigated by the Director-General of Health Services and the Director of Mental Health.

JOHN EDIS, Chairman.

REPORT OF THE NATIONAL FITNESS SECTION FOR THE YEAR ENDED 30th JUNE, 1961.

Staff employed in the Section during the period were—

Title	No. of Positions	Station
State Supervisor	1	Hobart
Regional Supervisor	1	Devonport
Field Officers	6	Hobart 3 Launceston 2 Burnie 1

Clerical services for the work of the Section were provided by the National Fitness Council establishments at Hobart, Launceston and Devonport, from Commonwealth funds.

The main responsibilities of the Section, in putting into effect the policy of the National Fitness Council of Tasmania, were in connection with the promotion of amateur sport and physical recreation, co-ordination of youth work, and assistance to existing youth and recreation groups.

Close liaison and co-operation was maintained with Local Government Authorities and community organisations and movements interested in different aspects of youth work and national fitness.

Recruitment of members for existing groups, organisation of coaching classes, the promotion of new physical recreation organisations, and assistance and advice with regard to programmes and facilities were effective methods used.

The programme of practical activities conducted by the Section showed considerable increase. However, the lack of funds available for extension of activities limited their scope. All activities had to be financed on the basis of balancing expenses against fees from participants.

Following is a summary of the main features of the Section's programme of practical courses and activities:—

- Visits to Youth Clubs—178 visits.
- Youth Leader Training Courses—9 courses, 221 enrolments.
- Advisory Service to Committees—89 committees.
- Promotion of new Clubs and Associations—31 clubs, 9 associations.
- Youth Camp Programmes assisted—17 camp programmes.
- Youth Camps conducted—532 bednights.
- Youth Hostel and Bushwalking Expeditions promoted—19 expeditions.
- Sports Coaching classes conducted—481 sessions, total attendances, 13,189.
- Sports Rosters promoted and conducted—376 teams, 3,755 participants.
- Special Tournaments and Events Organised and Assisted—13 events, 4,606 participants.
- Displays organised—14 displays.
- Major assistance to organisations in administration and supervision of—
 - Recreation Centres at Devonport and Moonah for the North-West Recreation Association and the A.Y.C. Southern Recreation Association—2,180 competitors weekly.
 - Youth Hostelling for Youth Hostels Association (Tasmania)—314 members, 4,600 bednights.

K. O. THOMAS, State Supervisor.

REPORT OF ST. JOHN'S PARK FOR THE YEAR ENDED 30th JUNE, 1961.

GERIATRIC TRAINING

Since St. John's Park Hospital was declared a Training School for Auxiliary Nurses (Geriatric Section) on the 3rd April, 1957, the staff has had four examinations under the jurisdiction of the Nurses' Registration Board, and up to date 65 persons have passed the examination for Geriatric Nurses. This is very gratifying and the value of this training is most evident throughout the Hospital Wards, and is proving beneficial to both staff and patients. In fact, this is a necessity now that patients are being admitted directly from the various hospitals in Tasmania, and it is expected that the same treatment be given to them as was given to them in the hospital prior to admission.

KARINGAL

This building for male mental defectives was occupied on the 8th May, 1961. It houses 32 individuals and has all modern facilities, including central heating, high temperature hot water service and a gymnasium. This building is proving very beneficial for the rehabilitation of the male mental defectives, and the fact that they are living away from the aged people gives the staff an opportunity to train them properly in personal hygiene.

NEW WOMEN'S HOSPITAL

The Bruce M. Carruthers Wing, comprising 52 beds, is almost completed and should be occupied in the near future. This will relieve the acute shortage of hospital beds, as there are over 300 names on the waiting list for the Women's Division at St. John's Park Hospital.

ST. JOHN'S PARK HOLIDAY CENTRE AT CARLTON BEACH

Ten acres of land have been purchased at Carlton Beach for the purpose of providing holiday accommodation for the patients at St. John's Park Hospital, and it is very gratifying to report that steady progress has been made with this building campaign throughout the past year by voluntary labour. I would like to thank sincerely the Lindisfarne Apex Club and members of St. John's Park Hospital staff who have readily assisted in this programme. There has been an average attendance of 44 persons on all field days held during the past twelve months, and the work completed is a great credit to these persons. Many patients from St. John's Park Hospital have visited the Holiday Centre and have been guests of the St. John's Park Kiosk Auxiliary for afternoon tea, and the outing by the beach has been very beneficial to the patients concerned.

HOSPITALISATION

St. John's Park Hospital over the past few years has been forced to accept the fact that it is not only an Institution but a Hospital. The number of patients being admitted requiring hospital treatment is increasing annually, and it is a great credit to the nursing staff and their training that they are able to provide the patients with the same treatment that was being carried out in the Royal Hobart Hospital and other private hospitals before admission.

BUILDING PROGRAMME

Alterations to the office were commenced on the 5th April, 1961. The new plans when completed should be a big improvement, as the old offices were over 100 years old and were most inadequate. The office staff is looking forward with keen anticipation to the occupation of the new office.

The wood fired boiler has been replaced by two pressure boilers, which were installed in February, 1961, and the old Women's Block, the B. M. Carruthers Wing, Karingal and Gellibrand House are now connected with the high temperature hot water service, and space heating has been provided for these units as well. This is a great improvement on the old blackjack boilers, and the patients and staff appreciate the continuous hot water and the heating facilities provided.

The old Women's Division has been re-roofed with tiles, replacing the slates which were installed over 100 years ago, and this is a big improvement.

The conversion of the kitchen at the Women's Division into a dining room for the female staff was commenced, and it is hoped that this will be completed in the near future.

Proposals and plans have been submitted for a new amenities block and a new Nurses' Home, and a casualty room and doctor's surgery and consulting rooms. These items are urgently needed at St. John's Park Hospital, as the staff has no amenities whatever and the Nurses' Home is not suitable for accommodating living-in nurses. It is to be hoped that the staff will get some consideration in the forthcoming year, in view of the splendid effort they are making for the caring of the aged and mentally defective patients.

ST. JOHN'S CEMETERY

A Bill was passed by Parliament converting the St. John's Church Cemetery to a park. This cemetery has been an eyesore, and many patients have had no outlook

but the ghastly view of looking out on to the cemetery less than 50 yards away. This is being converted into a park for the aged and, when completed, should prove a great benefit to them.

ST. JOHN'S PARK BOYS' AND GIRLS' SOCIAL CLUBS

Once again a happy year has been spent in the social activities of the Boys' and Girls' Social Clubs. The general spirit which exists is very heartening, and I would like to thank those officers who gave of their time voluntarily to make this project the success it is.

RELIGION

During the year the spiritual welfare of the patients was given every attention by the various denominations, and services were held regularly.

APPRECIATION

Much has been done to make the lives of the patients happy at St. John's Park Hospital, and organised picnics by the staff, St. John's Park Kiosk Auxiliary, Apex Clubs and Rotary Clubs have assisted in giving

the patients much happiness and a much needed change of environment. This programme is working out very successfully and I trust that it will be continued in the coming year. I would like to thank the organisations which have assisted so generously in this effort.

My sincere thanks are due to members of the St. John's Park Kiosk Auxiliary for their splendid work during the past year, especially for the donations which included television sets and which have proved a great comfort to the patients.

I would like to thank the members of all organisations who have visited St. John's Park Hospital to provide good cheer and companionship for the patients.

Last, but not least, I would like to record my sincere appreciation to the staff for the splendid way in which they have carried out their duties during the past year. I cannot speak too highly of my staff, many of whom have given hours and hours of overtime without any reward whatever, except the knowledge that they have contributed to the comfort and happiness of the patients at St. John's Park Hospital.

HOSPITAL STATISTICS

NUMBER OF BEDS AVAILABLE

Women's Division	..	163 including	67 Hospital Beds
Male Division	..	367 including	101 Hospital Beds
		530	168

PATIENTS

Year	Number of Residents at Commencement of Year			Admitted			Discharged			Deaths			Remaining at End of Year			Average Daily Number
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
1959-60 ..	268	139	407	162	64	226	78	25	103	72	33	105	280	145	425	414.934
1960-61 ..	280	145	425	164	52	216	89	28	117	73	27	100	282	142	424	420.17

SUMMARY

	1959-60		1960-61	
Number resident at commencement	407		425	
Admitted during year	226		216	
	633		641	
Discharged during year	103	117		
Deaths during year	105	208	100	217
Number resident at close of year	425		424	

Expenditure:

	1959-60	1960-61
	£	£
Salaries	192,789	210,030
Fuel and light	9,814	18,244
Provisions and medical comforts	40,955	52,486
Bedding, clothing, stores	19,258	18,681
Repairs and renewals of buildings	8,610	8,475
Sundries	13,286	7,792
	£284,712	£315,708

FINANCE

Revenue:	1959-60	1960-61
	£	£
Commonwealth Hospital Benefits	32,560	23,908
State Aid (net cost)	208,849	233,317
Invalid and Old Age Pensions contributions	25,716	36,761
War Service Pensions contributions	2,155	2,794
Private maintenance	11,128	14,727
Laundry services	3,630	3,135
Sundries	674	1,066
	£284,712	£315,708

	£	s.	d.	£	s.	d.
Gross daily cost per inmate ..	1	17	5	2	1	2
Net daily cost per inmate ..	1	7	6	1	10	5
Gross weekly cost per inmate ..	13	2	5	14	8	2
Net weekly cost per inmate ..	9	12	6	10	13	0

A. J. TREBILCOCK, Superintendent.

REPORT OF THE TECHNICAL DIVISION (CHEMISTRY) FOR THE YEAR ENDED 30th JUNE, 1961.

SUMMARY OF WORK

Samples for Analysis

The total number of materials received for examination or analysis was 3,666, the largest during my term of office. Agricultural work—routine and other soil testing and plant analyses—predominated, but the total was also swollen by numerous tests of atmospheric pollution, whilst foods and water samples contributed appreciably to the analytical work. The following tables show the nature and sources of the materials submitted to the laboratory:—

TABLE 10.—MATERIALS EXAMINIED

Soils	1,049
Air and gases	769
Plants	492
Foods	389
Waters	366
Toxicological specimens (human)	93
Crime exhibits	93
Blood alcohol tests	87
Fertilisers	71
Corrosion products	60

Paper and textiles	55
Detergents and cleaning materials	39
Feeding stuffs	26
Animal poisoning specimens	23
Drugs and medicines	11
Pesticides	9
Building materials	8
Fuels and lubricants	7
Paint	5
Human milk	4
Cosmetics	3
Miscellaneous	7
	3,666

TABLE 11.—SOURCES OF SAMPLES

State Departments—	
Agriculture	1,448
Health Services	992
Police	210
Supply and Tender	35
Hydro-Electric Commission	28
Rivers and Water Supply	22
Public Works	13
Agricultural Bank	6
Forestry	5
Tasmanian Grain Elevators	3
Education	4
Fisheries, Transport, Labour and Industry, Lands and Surveys and Social Services (one each)	5
Public and business firms	494
Local authorities	313
Hospitals and institutions	85
Commonwealth departments	3
	3,666

Advisory Work

An important and growing function of the Division is its advisory work on any problems connected with chemistry, for various government departments and occasionally for private firms. We have been consulted by officers of the Public Works Department on the cause of damage and staining on coloured steel panels on new buildings, and on extensive corrosion of galvanised iron water piping at the new Lachlan Park Hospital. Advice and assistance have been given to the engineering branches of the Hydro-Electric Commission on the removal and prevention of scale on the cooling systems of large transformers, the possible effect of horticultural sprays on certain power transmission lines, and incrustation build-up on insulators. Investigations are being made in conjunction with the Dairy Division of the Department of Agriculture into the most suitable and economic types of detergent for use with milking machines.

Many requests for information about such matters as food additives of various kinds, the labelling and packaging of foods and the composition or efficacy of drugs, disinfectants, soaps and other materials are referred to this laboratory. We have also been able to advise some of the smaller industrial concerns on the practicability of certain lines of production.

FOOD CHEMISTRY

A total of 301 official samples of food were submitted by local authorities and this Department, of which 68 failed in one way or another to comply with the Food and Drugs Act or Regulations. This does not represent the present state of the food supplies, as many of the samples were taken from suspected sources.

Of 94 milk samples, 15 were below standard, and of these, two were watered, several were deficient in non-fatty solids, and one contained dirt.

The numbers of milk samples submitted by various local authorities were as follow:—Hobart 12, Launceston 48, Devonport 10, Clarence 14, Ulverstone 5, Wynyard and Sheffield 2 each.

Two other foodstuffs which were exhaustively sampled during the year were mince meat (119 samples) and cream (40 samples). Of the former, 29 contained preservative, and 15 creams were either deficient in fat, contained preservative or failed in labelling requirements.

AGRICULTURAL CHEMISTRY

The majority of the soil samples examined were on behalf of the Department of Agriculture (794) and for private persons (236). Investigational work is still

going on into “rapid soil testing” for farmers, but it is considered by departmental officers that there is still insufficient evidence to warrant its general use as a reliable guide to the phosphate and potassium requirements for the purpose of ascertaining fertiliser requirements.

More detailed analyses (459 samples) were carried out for the investigation of specific soil-plant problems such as lime-phosphate interaction, manganese toxicity, potato and pasture trials, orchard survey, and the diagnosis of mineral deficiencies or toxicity.

The majority of the plant analysis (492) were made for the Agronomy, Horticulture, and Plant Pathology Divisions in connection with some of the above problems and the investigation of “bitter pit” in apples, apple leaf chemical survey and plant failures.

FORENSIC CHEMISTRY AND TOXICOLOGY

Exhibits examined for the purpose of assisting the police in the detection of crimes were again numerous. In all, 93 materials comprising such items as paint flakes, safe insulation, soil, debris from clothing, glass fragments, explosives, gunshot marks and suspected incendiary materials were examined. In most cases evidence was subsequently given at court proceedings.

The examination of specimens in connection with poisoning cases entailed tests on 58 exhibits in connection with 22 cases. Of these the following were the findings:—barbituarates 6 cases, carbon monoxide 3, arsenic 2, soldering fluid (fluoride mainly), quinine and methylated spirits, 1 each, negative 8.

Other materials in connection with suspected poisoned food, &c., brought the total to 93.

There were 87 specimens submitted for blood alcohol tests, many of which were connected with driving motor vehicles whilst under the influence of alcohol, and fatal road accidents. The blood alcohol test continues to be a valuable aid in the diagnosis of alcoholic inebriation, and so far, in State courts where it is used as evidence, has not been discredited.

A number of samples (6) of dust, ash, and air have been examined in connection with industrial hazards to workers.

Atmospheric Pollution

Work has continued on the measurement of smoke pollution in the vicinity of a brickworks in the north of the island. The new apparatus to enable completely automatic sampling over any selected interval arrived from the U.S.A. and was installed. Although some initial electrical trouble was experienced, the machine has been in satisfactory operation for prolonged periods and up to May 5th, 763 tests had been made. The degree of pollution indicated by these has been calculated following the reading of the smoke stains on the instrument for this purpose at the Division of Industrial Health, N.S.W. Department of Health. Tests are continuing, but in the meantime a good picture of the incidence and intensity of the smoke emission has been obtained.

Tests for ash deposit are also being made near a brickworks in the south.

WATERS AND CORROSION PROBLEMS

Rather less than the usual number of waters (366) was received, mainly from departmental officers, farmers and private owners in connection with farm and domestic supplies. Local authorities and their engineers submitted a number of samples in connection with new or proposed supplies. We are frequently asked to advise on the treatment of water supplies to enable the distribution of potable water to consumers.

Many natural waters in the State have some defect or other, such as discolouration, turbidity and sediment, or iron compounds. Others are subject to pollution to some degree by flowing through inhabited or farming areas. Unfortunately, treatments which are used in more densely populated countries, such as storage and retention, filtration and sterilization, are often beyond the means of the smaller local authorities. There have been indications, over the past few years of a growing realisation of these needs, and more attempts to meet them. It is felt that the work of this Division has been helpful in this direction.

A considerable amount of analytical and investigational work has been done on detergents, both for use in government institutions and in dairies. It has been possible, as a result, to recommend certain lines as suitable, and to warn against others. It is considered that it will be possible to assist dairy farmers to

economise on the high cost of some of the specialised detergents which have come into use, most of which are not necessary with the majority of soft waters encountered here.

A number of corrosion problems have been investigated, some of them in the field, and preventive measures suggested.

Miscellaneous Activities

I have continued to act on various committees such as the Food and Drugs Advisory Committee, Stock Medicines, Fertilisers and Pesticides Committees, the Fluoridation Committee, and the Detergents and Cleaning Materials Committee. Practically all the evidence in court work has been done by Messrs M. H. R. Shipp and J. W. Wishart, whilst close contact with Agricultural Department field officers has been maintained by Mr. K. M. Stackhouse.

In conclusion, I should like to record my very great appreciation, in this the last of these annual reports that I shall be making, of the loyal support and co-operation of all members of the staff, especially the three senior officers mentioned above.

I would also like to state that during my term of office, shortly to close, my association with the various heads of the Department, administrative and executive officers has been most pleasant. This Division has received every assistance and encouragement in the matter of apparatus and equipment. We have been limited only by space and lack of laboratory extensions. It is sincerely hoped that in the near future this will be remedied, so that the demands on the laboratories, increasing yearly in volume and intricacy, can continue to be met, and its functions expand as they should.

H. E. HILL, F.R.A.C.I., A.R.I.C.,
Government Analyst and Chemist.

REPORT OF THE CONSULTANT ON FLUORIDATION FOR THE YEAR ENDED 30th JUNE, 1961.

PREPARATION AND REVIEW OF MATERIAL

Much material has been received by the Consultant and has been tabulated, indexed and filed. This material includes scientific papers and reports from the U.S.A., the United Kingdom and other countries, received direct and also through the office of the Australian Dental Association Federal Fluoridation Committee, Sydney. Reports of certain statutory enquiries have been received and are available, together with a quantity of abstracted material from current literature.

ADVISORY TO THE DIRECTOR

On a number of occasions, information has been sought of the Department of Health Services, which normally would require some degree of time to be answered through normal channels. The direction of such correspondence to the Consultant has resulted in a more efficient handling of many enquiries, particularly those requiring advice of a technical nature.

PUBLIC HEALTH EDUCATION

The main efforts of the Consultant in the past twelve months have been directed towards the continuance of the policy of communication on an educational and motivational level with the community at large. To this end a 16 m.m. film has been produced by the State Film Department, entitled "One in a Million". This film illustrates fluoridation in the study area at Beaconsfield, and has met with very favourable interest wherever shown. Concurrent with the production of this film, the Department has produced a booklet and a pamphlet on fluoridation, both of which have been distributed widely. Indeed, both the booklet and the pamphlet have been received enthusiastically in Australia, as well as overseas.

STATUS OF FLUORIDATION

Areas at present distributing water at the recommended fluoride level: Beaconsfield. Continued evidence is apparent each year of the efficacy of fluoride on the rising generation. There would be more children at the Beaconsfield Area School (enrolment approximately 250) with caries free mouths than at other schools with ten times the number of children. Today, the children at Beaconsfield have better dental health than children anywhere else in the State.

Areas in which Water Authorities have been authorised to proceed with fluoridation:—

- (1) Launceston City Area: Following the favourable decision of the Launceston City Council towards fluoride control, tenders were called for the installation of fluoridating plant. It is expected that fluoridation will be instituted at the end of 1961.
- (2) Beaconsfield Municipal Area: This includes the suburban area of Riverside on the outskirts of Launceston City. Provision has been made to fluoridate the water from the West Tamar Regional Scheme, and approval has been given to this project by the State Fluoride Committee.

So far as Rosebery is concerned, the Zeehan Municipal Commission has recommended fluoridation, and has sought approval of the State Fluoride Committee. However, certain aspects of the proposed installation were deemed to require revision, and at this date no further action has been taken.

With regard to the Clarence Commission, the Huon Municipality and the New Norfolk Municipality, all three of these bodies have approached the Consultant for advice and discussion on proposals to fluoridate the relevant water supplies. The Consultant has visited these bodies, but to date no further action has taken place.

NORTH-WEST COAST, BURNIE AND QUEENSTOWN.

In spite of the advice and activity of health workers in these areas, it became evident that a vocal and ill-informed minority had more influence on a decision of community public health. It is the considered opinion of the Consultant that, because of this fact, the communities of Queenstown and Burnie are not ready to receive the benefit of fluoridation. It is recognised that a detrimental effect on the health of the coming generations, and indeed on the present generation of children, will result from a decision not to press the local bodies to introduce fluoridation as a community health measure. More efforts are required in these communities in respect of education and motivation towards the acceptance of the principle of Preventive Medicine.

BODIES AND ASSOCIATIONS VISITED OR LECTURED, 1960-61

Tasmanian Pharmaceutical Students' Association.
Lady Gowrie Child Centre.
Science Teachers' Association of Tasmania.
Lenah Valley Parents' and Friends' Association.
Clarence Commission.
St. Luke's Guild, Taroona.
Huon Municipal Council.
New Norfolk Municipal Council.
Southern Tasmanian Pre-school Association.
Sandy Bay Pre-school Association.
Kingston Pre-school Association.
Zeehan Commission.

BEACONSFIELD—OPEN DAY

An open day was held in November, 1960, at Beaconsfield. Invitations were sent to the various interstate dental faculties and branches of Dental Associations to attend a clinical demonstration of children at the Beaconsfield School. This was an outstanding success, and much interest was created with the interstate visitors.

P. C. BROTHERS,
Consultant on Fluoridation.

VITAL STATISTICS SUPPLIED BY THE DEPUTY COMMONWEALTH STATISTICIAN.

STATISTICAL AND GENERAL		AUSTRALIAN BIRTH-RATES PER 1000 OF MEAN POPULATION				
Population: Estimated on 31st December, 1960—			1957	1958	1959	1960
Males	190,304	Tasmania	25.55	25.37	25.05	25.26
Females	169,485	New South Wales ..	21.93	21.67	21.51	21.41
		Victoria	22.61	22.36	22.13	22.14
		Queensland	24.25	23.95	24.77	24.14
		South Australia	22.35	22.35	22.12	22.19
		Western Australia ..	24.47	23.71	23.80	23.14
Mean Population: Year ended 31st December, 1960—		Northern Territory	34.49	36.25	38.87	36.42
Males	184,457	Australian Capital				
Females	165,983	Territory	30.13	31.01	29.22	30.12
	350,440	Australia	22.86	22.59	22.56	22.40

CAUSES OF DEATH IN TASMANIA, 1956-60.

International Classification	Group No.	Code No.	Cause of Death	1956	1957	1958	1959	1960
	1	001-138	Infective and Parasitic Diseases	68	37	49	33	42
	2	140-239	Neoplasms	387	391	395	371	414
	3	240-289	Allergic, Endocrine System, Metabolic and Nutritional Diseases	66	72	62	76	64
	4	290-299	Diseases of the Blood and Blood Forming Organs	8	12	7	10	18
	5	300-326	Mental Psychoneurotic and Personality Disorders	15	26	28	17	12
	6	330-398	Diseases of the Nervous System and Sense Organs	329	408	377	391	346
	7	400-468	Diseases of the Circulatory System	919	943	997	1,035	1,001
	8	470-527	Diseases of the Respiratory System	176	217	203	245	206
	9	53-587	Diseases of the Digestive System	76	73	104	84	89
	10	590-637	Diseases of the Genito Urinary System	66	93	81	65	89
	11	640-689	Deliveries and Complications of Pregnancy, Childbirth and Puerperium	3	2	8	2	4
	12	690-716	Diseases of the Skin and Cellular Tissue	7	1	3	6	7
	13	720-744	Diseases of the Bones and Organs of Movement	14	13	13	12	18
	14	750-759	Congenital Malformations	46	49	38	57	45
	15	760-776	Certain Diseases of Early Infancy	98	93	91	100	78
	16	780-795	Symptoms, Senility, and Ill-defined conditions	28	22	29	40	19
	17	800-999	Accidents, Poisoning, and Violence	207	218	223	236	218
				2,513	2,670	2,708	2,780	2,670

SPECIFIC DISEASES INCLUDED IN THE ABOVE GROUP.

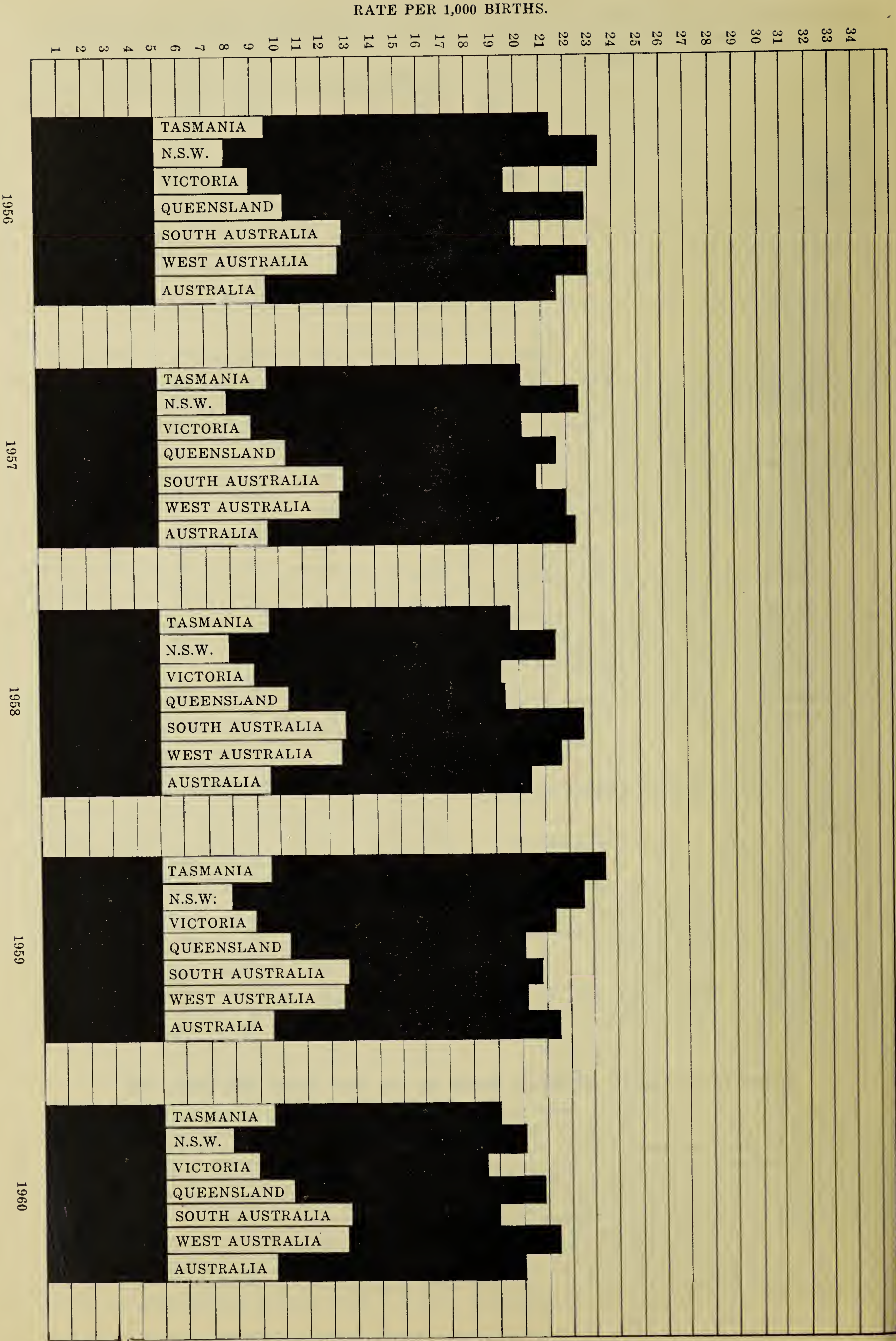
International Classification	Group No.	Code No.	Cause of Death	1956	1957	1958	1959	1960
	1	001-019	Tuberculosis (all forms)	32	16	31	19	22
	2	140-205	Malignant Neoplasms	376	386	391	368	407
	3	260	Diabetes Mellitus	43	49	42	60	43
	6	330-332	Cerebral Haemorrhage and Thrombosis	253	336	317	309	292
	7	410-443	Heart Diseases	785	814	844	897	891
	8	490-493	Pneumonia	89	126	140	157	133
	8	500-502	Bronchitis	35	43	45	27	50
	10	590-594	Nephritis and Nephrosis	35	43	36	32	34
	17	810-825	Motor Vehicle Traffic Accidents	75	66	74	67	86
	17	910-936	Other Accidents	54	57	57	63	62
	17	970-979	Suicide	23	40	33	33	20

Report of the Division of Public Health for the Year Ended 30th June, 1961

During this century, and particularly during the last thirty years, there has been a change in the emphasis placed on some aspects of public health, as compared with others. There has been a tendency, particularly in some advanced countries overseas, to play down the importance of environmental sanitation, and to stress the part played by those services designed to build up a fit nation by health education on a personal level. This change of emphasis is based on the fact that the public health workers of the previous century, who concentrated on environmental

sanitation, have, on the whole, succeeded in reducing very greatly those scourges of the past which can be controlled by this means.

In Australia the general public has been rather slow to accept the change in thinking, and there is still a tendency to assume that environmental sanitation is all that matters. Even that tendency is, to some extent, mere lip-service, and there is a startling lack of enthusiasm for measures to improve the environment, if these are likely to involve expense. Later in this report I shall mention specific instances of the



unwillingness of some members of the public to face the fact that potential menaces to health do exist in our environment, and that it costs money to deal with these. It is, quite obviously, the duty of those who are trained to recognise such menaces to try to anticipate trouble. If a situation exists which could contribute to an outbreak of serious disease, it is obviously not desirable to wait for the outbreak to reach epidemic proportions before dealing with the situation.

The position is complicated by an Australian tradition, probably a legacy of the pioneering days, that our climate and our relative abundance of food ensure good health. It should not be assumed that, merely because there is an abundance of food in a country, the inhabitants consume this in the proportions necessary to provide a balanced diet. The discovery, in at least one of the mainland States, of definite evidence of vitamin deficiency in children, and the studies of our own Nutrition Officer here, provide very good evidence to the contrary. No informed person can possibly accept the validity of this tradition, and the facts that have already been discovered, though they represent a mere scratching of the surface, underline the need for a balanced policy between the health measures that can be imposed on the public by legislation and those which can be achieved only by health education on a personal basis.

In directing the work of the Public Health Division, and in giving an account of it in this report, it is my responsibility to try to achieve this balance. In the sections that follow, mention will be made of work in the field of environ-

mental sanitation and of other work in the field of personal health services, all directed to the same end, a healthy nation.

HEALTH INDICATORS

Of the two indicators recommended by the Expert Committee on Health Statistics of U.N.O., the first is the proportionate mortality at age 50. The figures for the last ten years have been:—

Deaths of Persons Aged 50 and Over

Year	Number	Percent of Total Deaths
1951	1,935	75.38
1952	1,935	76.27
1953	1,987	77.89
1954	2,113	78.38
1955	1,942	78.02
1956	1,993	79.31
1957	2,119	79.36
1958	2,139	78.98
1959	2,179	78.38
1960	2,150	80.52

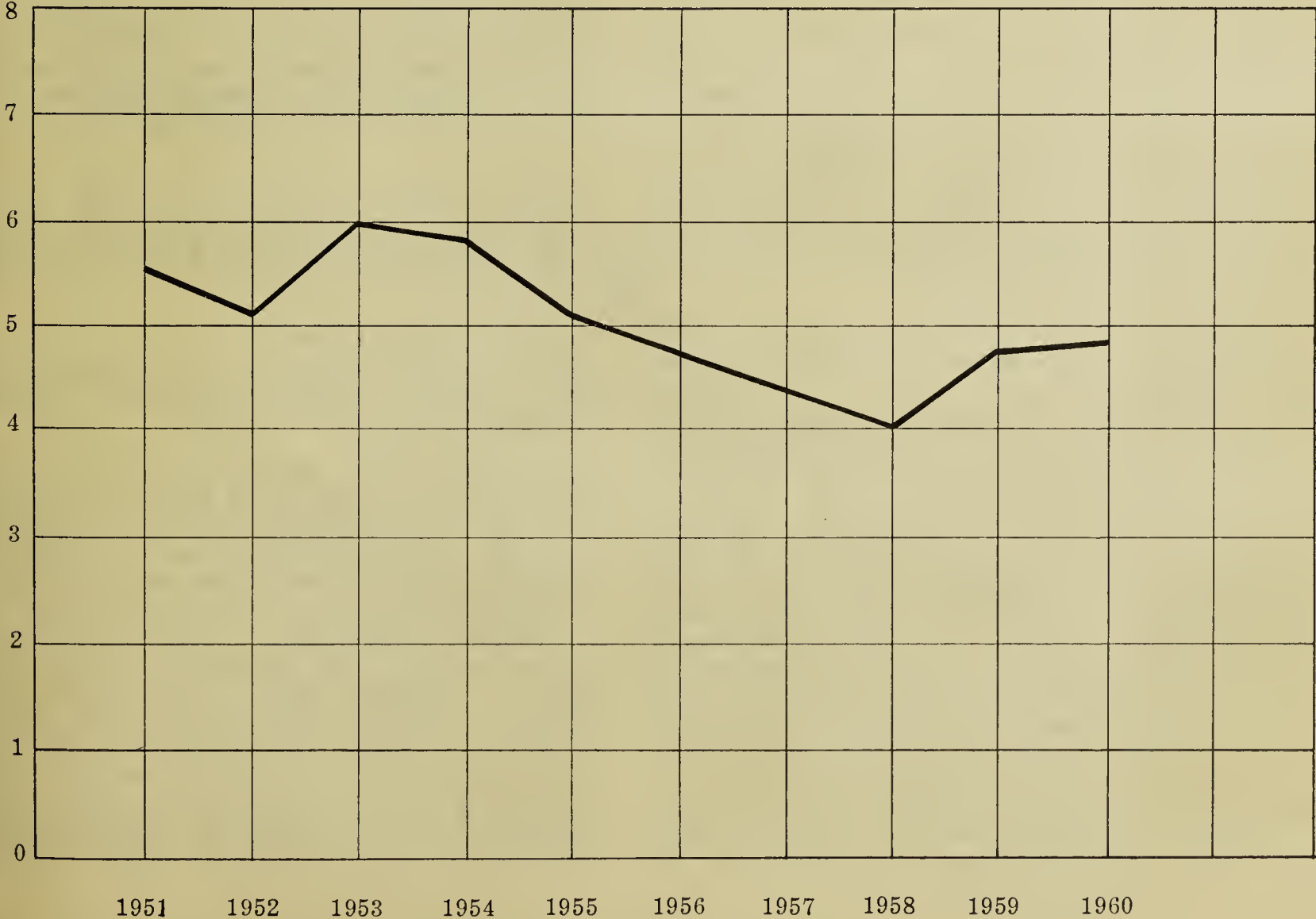
Though the fluctuations are small, the trend of 1957-59 has been reversed.

Although the figure for the total infant mortality has decreased to 19.09, which is a record, the table below shows that the portion of this figure which represents deaths between the ages of one month and one year is still higher than it was a few years ago:—

Age at Death	Infant Mortality per 1000 Live Births (Calendar Year)					
	1955	1956	1957	1958	1959	1960
Under 1 month	16.8	14.9	13.6	12.4	14.8	11.2
1 Month-1 Year	6.6	6.1	6.6	7.1	8.6	7.8
TOTAL	23.4	21.0	20.2	19.5	23.4	19.0

Some at least of the deaths between one month and one year of age are preventable by a higher

CHILD HEALTH SISTERS PER 1,000 LIVE BIRTHS.



standard of infant care. In view of the importance to the nation of young lives, we must make every effort to reduce this figure to the lowest possible level. To a considerable extent this depends on having an effective and adequate staff in the Child Health Service. I shall deal with this subject below.

The attached chart, showing the comparative figures for infant mortality in all Australian States and the Commonwealth, indicates that in 1960 we improved on the disappointing performance of the previous year, and attained an infant mortality figure of 19.09, the lowest so far recorded in Tasmania, but we are still only third, with Victoria and South Australia having a better record.

CHILD HEALTH SERVICE

The chart "Child Health Sisters per 1,000 Live Births" shows that the staff is still below the relative level of 1951-56. Last year I gave some of the reasons for the difficulty in recruiting fully qualified staff, which difficulty is still with us. It is pointless to traverse that ground again; those interested can find details in the Annual Report for 1959-60.

It is necessary to consider once again the steps that can be taken to increase the supply of nurses qualified for this work, which calls for, at the barest minimum, a general nursing training plus either a Child Health Certificate or a Health Visitor's Certificate. Our experience has been that we do not succeed in attracting many nurses with these qualifications but that there is not quite the same difficulty in recruiting single-certificated nurses to the School Health Service. Some of these would undertake the necessary extra training if it were available to them but, for family and personal reasons, it is often impossible for them to undertake six months' residence in a training school here, or to afford the time and expense necessary to attend the course in Public Health Nursing in Melbourne.

There is scope for a well organised system of in-service training for this group, and I am convinced that such an organisation represents our best hope for recruitment for the future. Such a training would not necessarily be of sufficient scope to comply with all the requirements for the issue of additional certificates, but it would add to the knowledge of our staff something of those techniques which are required to widen the scope of their work.

Perhaps at this stage I should explain that the nature of the work of the child health service has changed immensely in the last 25 years. Originally it was established to cope with the problem of malnutrition in infancy, largely due to the ignorance of mothers. With changing economic conditions and the spread of knowledge, the malnutrition of the past has decreased enormously. This does not mean that problems associated with the health of children have disappeared, but only that their nature has changed. There is still a number of problems associated with life of children in a modern community, about which mothers seek advice, and this advice is best given personally, rather than by propaganda. Therefore one can say that the work of the child health service has largely become health education on a personal level—a fact that is recognised in many cities and countries overseas. It is interesting and significant that, in

this field, the lead has been taken by Aberdeen, a city where the inhabitants have a reputation for canny foresight. For some years I have been convinced that we are making little, if any, progress in health education at a personal level. An obvious example of this will be found below, in the account of the recent outbreak of poliomyelitis, and it would not be difficult to cite others.

For this reason there is a need to increase the knowledge of our existing staff on the techniques of health visiting, and to provide that knowledge for those who join the staff. The organisation of such training will have to be done by a person who has already had experience of teaching in this field; to obtain this, we shall have to import an experienced health visitor tutor from Great Britain. In each of the last three years I have asked for this appointment to be made, and on each occasion my recommendation has been rejected in a manner that indicates that scant consideration has been given even to ascertaining the reasons why I have made it. I am glad to say that, at the time of writing, there is some possibility that the matter may be reconsidered.

The following information is summarised from the annual report of the Supervisory Sister:—

(a) Centres

There are 96 centres, including 11 travelling units. A centre was opened at Chigwell in October, 1960, but that at St. Marys had to be closed in the latter part of the year, owing to staff difficulties. A new building at Riverside has just been completed and will open shortly.

(b) Transport

There are 11 departmental cars (5 Holdens, 4 Volkswagens and 2 Simcas). Mileage is paid to 22 members of the staff who use their own cars for the work.

(c) Lectures in Mothercraft

Lectures were given to senior girls from 31 schools, of whom 406 gained certificates. It is regrettable that, in the last two years, there has been a decrease of over 20% in the number of schools in which these lectures are given.

(d) Nurses

Fifteen nurses completed the course for the certificate in Child Health, of whom 11 trained at the Mothercraft Home and four at Calvary Hospital.

(e) Mothercraft Nurses

Thirteen from the Mothercraft Home and 12 from Calvary Hospital completed training during the year.

Once again I express, on behalf of the staff, our gratitude to the Child Health Association which, by the practical efforts of its branches in various parts of the State, not only assists by providing many of the things needed in clinics, but also maintains local interest in this work of national importance. The State Council, local committees, and individual members have given an immense amount of help in many avenues. This year, as in the two previous years, I have had to omit the tables giving full details of the work done in each centre, in order to avoid increasing the length of this report. These figures are published in the annual report of the Association, and the State President

kindly allows me to refer enquirers to that source. Copies may be obtained from the State Secretary, Child Health Association, Box 534 F, G.P.O., Hobart.

An important adjunct to the Child Health Service is the Mothercraft Home. In her report to me the Matron comments on the fact that only seven mothers with their babies came to the home during the year for assistance in the establishment of breast feeding. She attributes this low figure to the low level of breast feeding in the community generally, and there is evidence from other sources that this view is probably correct. During the year 115 other babies were admitted to the home, of whom 86 presented feeding problems or were admitted on account of failure to thrive. I emphasise that the Mothercraft Home is not a hospital for sick babies; it is an institution to assist in the establishment of natural feeding, and in overcoming feeding problems in babies who are otherwise well.

It also provides training in these aspects of child care, for nurses studying for the Child Health certificate. As already mentioned, there were 11 such students during the year, three of whom remained at the home as sisters when they had completed training.

During the year the Matron, Miss Owens, was, unfortunately, absent on sick leave for about six weeks. Sister Holland of the Child Health Service deputised most ably during this absence.

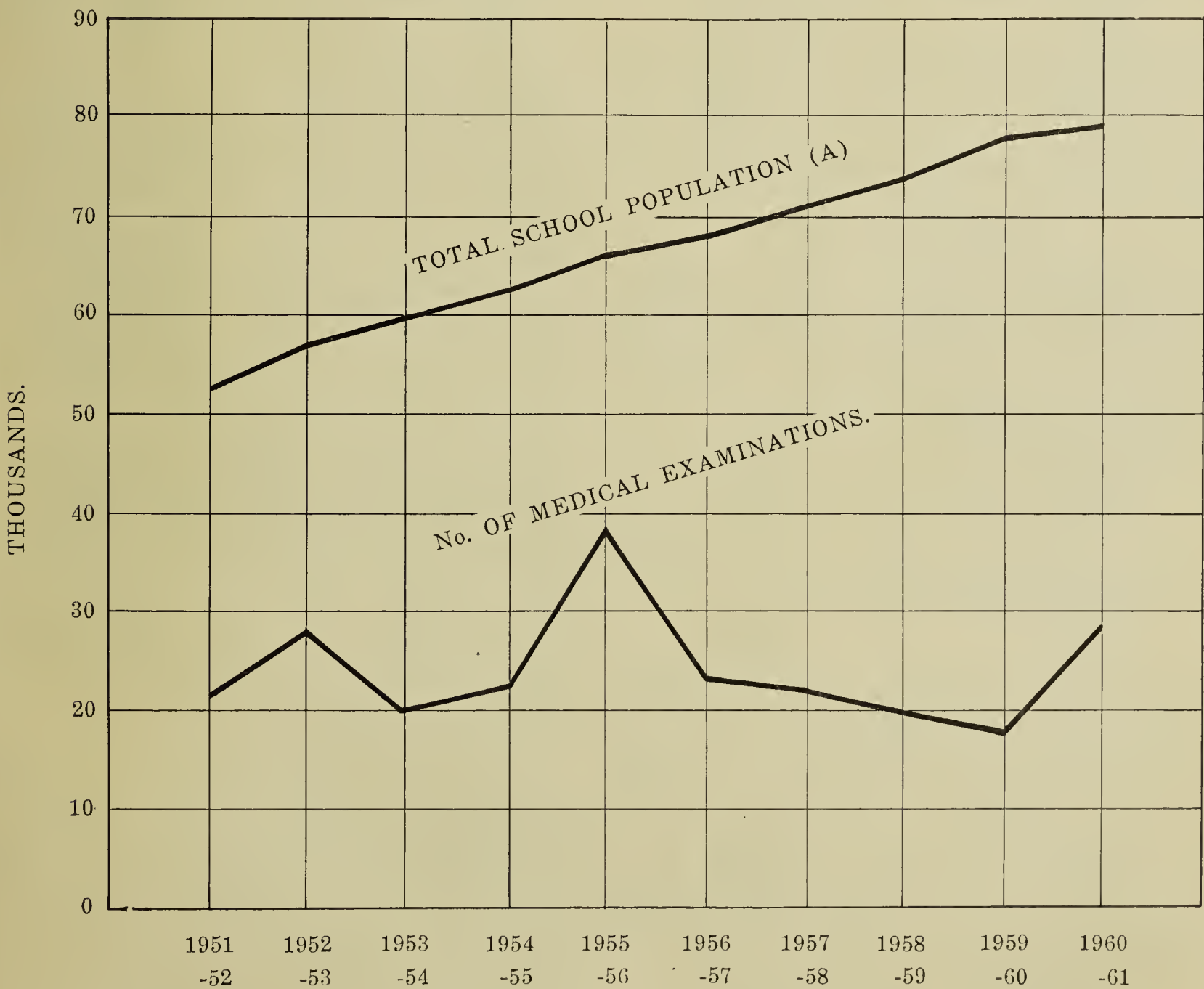
The buildings of the Mothercraft Home, though in better order than some years ago, remain a source of worry and expense. Conversion of an old building to a purpose for which it was not designed seldom, if ever, results in real economy. It is likely that the upkeep of the existing building will remain an expense in the future, and therefore it is to be hoped that it will be possible, fairly soon, to implement the proposal that, when the new maternity hospital at New Town is built, it will include a mothercraft wing.

SCHOOL HEALTH SERVICE

Reference to the chart "School Population Compared with Medical Examinations" will show that, at last, the decline in medical services for school children has been arrested, though we still have a long way to go before we reach the average of the years 1951-56.

TASMANIAN SCHOOL HEALTH SERVICE

SCHOOL POPULATION COMPARED WITH MEDICAL EXAMINATIONS.



(A) Includes State and Private Schools.

The number of medical examinations is a direct reflection of the number of school medical officers available to do them. Last year the north-west was the only region with adequate medical staff. Dr. A. D. Ross joined the staff in Hobart as a whole time medical officer in October, 1960, and though, on account of his specialised knowledge of Public Health, it has been necessary to call on him to work also in other fields, his appointment has greatly strengthened the school medical staff in the south. Another whole-time officer, Dr. G. Williams, joined the staff in Hobart at the end of the financial year. Now the north remains the only region in which the service is completely inadequate. This situation will be corrected to a considerable extent when Dr. K. Williams takes up his appointment in Launceston, probably in November, 1961. For years we have had to rely on part-time medical officers, which, as I have repeatedly pointed out, is a very expensive and inefficient way of providing a service. From the end of 1961 we shall have a nucleus of whole-time medical officers as the back-bone of the service, with some assistance from part-time officers in various corners of the State.

The percentage of the school population medically examined in each of the last ten years is shown below:—

Year	% of School Population Examined
1951-52	40
1952-53	46
1953-54	34
1954-55	36
1955-56	57
1956-57	36
1957-58	32.7
1958-59	27.1
1959-60	24.3
1960-61	33.3

The following facts are summarised from the annual report of the School Medical Officer:—

(a) Total School Population	79,036
(b) Total Number of Children Examined	26,346
(c) Children with Defects for Notification	9,377 (35.6%)

(d) Analysis of Defects:—

(1) Orthopaedic—		
Posture	992	
Limbs	900	
Other	118	
	—	2,010
(2) Eye Conditions—		
Vision	959	
Squint	279	
Other	202	
	—	1,430
(3) Tonsils, Cervical Glands, &c.		
		919
(4) Ear Conditions—		
Hearing	294	
Otitis	72	
Other	203	
	—	569
(5) Nutrition—		
Underweight	171	
Overweight	182	
Other	35	
	—	388

(6) Skin and Hair	360
(7) Urogenital	142
(8) Heart	91
(9) Speech	64
(10) Goitre	55
(11) Hernia	50
(12) Lungs	40
(13) Mental Stability	12
(14) Other	315

(e) Children examined with parents attending 2,787.

(f) Follow-up of Defects noted at medical examinations and now known to be treated:—

	Physical	Dental
1959-60 Examinations	1,359	1,222
1960-61 Examinations	2,832	1,150

(g) Immunisation History of Entrants:—

Diphtheria	8,033	84.1%
Tetanus	7,721	80.8%
Whooping Cough	7,885	82.5%
Poliomyelitis	8,662	90.7%
Smallpox	426	4.5%

(h) Assessment of Personal Hygiene of Entrants:—

Excellent	4,389	42.9%
Good	4,839	53.8%
Fair	300	3.6%
Poor	24	0.2%

(i) Goitre Research

The State-wide goitre survey conducted in 1960 revealed that there is evidence in several districts of the seasonal variation in incidence previously reported in the schools along d'Entrecasteaux Channel. The area most affected is in the north-west, where more intensive investigations are being undertaken. The work continuing throughout the year in the Channel and Huon districts includes a therapeutic trial on the treatment, with thyroxin, of goitre developing despite adequate iodine intake.

(j) Medical Records

An additional 9,552 children, the entrants for this year, have their medical histories recorded on the punched card system, which now contains the records of all children born since 1st January, 1952, who have been examined by the School Health Service. The use of punched cards enables the extraction of many items of statistical information that could not easily be obtained by other means, and the system becomes increasingly valuable each year.

(k) Sunshine Home

Two hundred and fifty children from all parts of the State were selected by the staff of the School Health Service, and enjoyed holidays in the Sunshine Home. It is most regrettable that the Sunshine Committee is running into serious financial difficulties in keepng this institution open. There can be few better examples of really practical Preventive Medicine than this arrangement by which children, selected by school medical officers as needing a holiday by the sea, and likely to benefit therefrom, are enabled to spend three weeks at Howrah. The institution is most deserving of support and,

even if financial considerations may cause some modification of the Association, it is essential that the Home be kept going.

(1) *Handicapped Children*

Throughout the year there has been close liaison with the Education Department, particularly with regard to handicapped children. Additional audiometers lent by the Commonwealth Acoustic Laboratory have enabled accurate tests to be made of the hearing of many more children.

An outstanding need is a Child Guidance Clinic. In its absence assistance in dealing with psychiatric problems has been sought from the Division of Mental Health.

There is little comment that I can add to these extracts from Dr. Gibson's Annual Report. It is most disappointing that there has been a further decline in the number of parents attending the school medical inspections. Often valuable information about the health of the child can be given to the school medical officer by the parent in a brief discussion; and this interview affords a very good opportunity for the parent to obtain advice on the child's health. Indeed, the work of a school health service is really health education on a personal basis, and not the mechanical examination of numbers of children. For this reason it is most important that parents be encouraged to be present at school medical inspections. Unfortunately, from this point of view, the increasing centralisation of education is making it more difficult for some parents in the country to attend.

The work of the School Dental Service is being gravely handicapped by shortage of staff. Unfortunately this is almost a world-wide phenomenon. It appears that dentistry is one of the few professions that is not attracting an increasing number of recruits; indeed the numbers entering the profession seem to be declining.

During 1960-61, 19 dentists worked at various times on our staff, but some of these for only portion of the year. At the end of June we had 12 whole-time dental officers. Some years ago country areas were divided so that a district with a school population of approximately 3,000 is allotted to each school dentist. On this basis it is possible for one officer to cater adequately for each district. (Hobart and Launceston were not included in this scheme and, on a population basis, are not nearly so well catered for.) At the present time we have officers in the Burnie, Ulverstone, Devonport, Tamar Valley, North-Eastern, East Coast, Central, Western and Channel Districts; vacancies in the Circular Head, Wynyard, Deloraine, South-Esk and Midlands Districts; and a desperate shortage of staff to meet the demands of Hobart and Launceston (appointments at the clinic at Elizabeth Street, Hobart, are booked out until March, 1962).

Towards the end of the year, a conference of school dental officers recommended a change in policy, by which attention would be concentrated on the younger children, plus those older ones whose teeth are worth saving, and emergency treatment only would be provided for others. This plan bears a strong resemblance to that which was adopted, in rather similar circumstances, in Finland some years ago; it provides a really rational basis for a properly organised school dental service, enabling each dentist to get the best value from the time spent at each

school; on this basis I recommended it to the Acting Minister, and it was approved. Unfortunately since that time various people, not fully informed on all aspects of the problem, have made representation in favour of other so-called re-organisations which, in my opinion, will not result in an improved service to those who need it most, the younger children. In consequence, the whole plan is held up pending the result of a conference to be held, possibly, in October, 1961.

The ratio of fillings to extractions (1.77:1) was not as high as in 1959-60. There were 16,914 new visits and 26,544 repeat visits (a total of 43,458) during the year. The total for 1959-60 was 44,654. Dental treatment was provided in:—

Hobart, Sorell, New Norfolk, Blackman's Bay, Kingston, Margate, Cambridge, Campania, Colebrook, Molesworth, Sandfly, Richmond, Bronte Park, Tarraleah, Woodbridge, Bruny Island, Maydena, Glenora, Snug, Bagdad, Ellendale, Westaway, Huonville, Cygnet, Geeveston.

Launceston, Beaconsfield, Avoca, George Town, Exeter, Deloraine, Conara, Cleveland, Epping, Perth, Mole Creek, Longford, Rowella, Flinders Island.

Devonport, Burnie, Yolla, Waratah, Ridgley, Latrobe, Riana, Wesley Vale, Natone, Railton, Ulverstone, Penguin, Queens-town, Rosebery, Gormanston, Zeehan, King Island.

A most successful field day was held at the Beaconsfield School, to demonstrate the benefits of fluoridation to a number of visiting dentists from Adelaide, Melbourne and Sydney. It is hoped that the film produced on this occasion will forward the cause of fluoridation elsewhere.

INFECTIOUS DISEASE

There has been a startling increase in the incidence of venereal diseases, from 93 cases last year to 186 in this. Reference to Table 14 will show that the vast majority of cases reported are in males between the ages of 15 and 24. There is some reason to think that either the source of infection is not being sought when male cases report for treatment, or that female cases are not being notified in some instances. The co-operation of the medical profession, in trying to trace each case to its source, is being sought through the College of General Practitioners. Unless energetic measures are taken in this direction, the increase in these diseases will not be checked.

During the year there was an outbreak totalling 62 notified suspects of whom 48 were later confirmed as poliomyelitis by the Commonwealth Surveillance Committee. The outbreak began in early September in the Hobart region, reached its maximum in late November and ended in early April.

From September to early December cases came mainly from the Hobart area but from early December they were all from the northern parts of the State, particularly around Launceston, there being no cases in the south notified after the 24th November.

Generally speaking the bulk of cases came from the two metropolitan areas (Hobart and Launceston), with only sporadic occurrence in other municipalities. Only two deaths have been

reported among the forty-eight confirmed cases. Both were young adults from the northern part of the State. Neither had been immunised.

Alternative diagnosis found among poliomyelitis suspects were mumps, meningitis, coxsackie B₅ virus, echo virus and adenovirus type 5.

Stool and spinal fluid specimens from each case were sent to Fairfield Hospital for viral studies, and Surveillance Forms for each were sent to the Surveillance Committee of the Commonwealth for study. In all but one of those from whom Poliovirus was isolated, the infecting agent was Poliovirus type III. The odd case showed Poliovirus type I.

The age incidence of cases was:—

Age (Years)	No. of Cases	Age (Years)	No. of Cases
Under one year	3	Fifteen-Sixteen	.....
One year	5	Seventeen-Nineteen	.....
Two-Four	9	Twenty-Twenty-Nine	19
Five-Nine	6	Thirty-Thirty-Nine	4
Ten-Fourteen	.....	Forty & Over	1

From this it is evident that young children and young adults bore the brunt of the attack while those from 10-20 years largely escaped. Of the 48 cases, 35 had not been immunised and only six had had a full course of vaccine. A further seven had had partial immunisation. The six fully immunised persons included three non-paralytic cases while the other three had only very mild paralyses.

From estimates of population at 1959 and returns in our records, it is estimated that 91% (112,543) of all children below 16 years and 52% (73,000) of adults between 17 and 45 years have now been immunised (as at 31.3.1961). In the light of this knowledge it has been estimated that the attack rates of the disease were:—

Among those fully immunised—3.76/100,000.
In persons under 45 years who are not immunised—52.8/100,000.

This adequately proves the value of the Mass Vaccination Campaign against poliomyelitis. It also gives some idea of the success of the Campaign among children.

During the year a total of 25,077 persons commenced courses of immunisation. At the height of the outbreak the numbers requesting immunisation rose sharply, perhaps from a belated realisation of the risk incurred. Unfortunately there was in November a breakdown in supplies due to a failure of some batches of vaccine to conform to safety tests at the Commonwealth Serum Laboratories, so it was necessary to restrict supplies for new entrants to children who at that time formed the bulk of cases notified. The position eased in February and the programme was again available to all.

Lessons which might be learned from this, the first outbreak of poliomyelitis since mass immunisation began in 1956, are:—

(1) Immunisation gives a very large measure of protection against paralytic effects. Most of the cases were not immunised. Many suffered severe paralyses which will disable them for life.

(2) The most dangerous ages during the outbreak were under 10 years and from 20-35 years, the 10-19 age group

being very well protected by the mass immunisation campaign some years ago.

(3) Although a large section of the vulnerable community has been immunised, danger of outbreaks will continue to exist until there is a higher level of immunisation in the population than has yet been attained.

(4) It is too late to wait for the occurrence of an outbreak before seeking immunisation, as a full course of vaccine takes nine months to complete, and it is well known that protection from the first two doses is not so complete or lasting as that from three doses.

Carrying these lessons to their logical conclusion, it is obvious that we must build up a better organisation for ensuring that young children are immunised. The age group that represents the children who were at school when the mass immunisation campaign against poliomyelitis was in full swing was very well immunised, and it cannot be entirely a coincidence that, out of 62 cases, only one fell into this group. The age group that includes the babies born since the mass immunisation campaign was at its height was quite seriously affected, and the majority of these children had not been immunised at all. In our existing organisation it is difficult for our staff to have any contact with parents of young babies, other than those that attend a child health centre, until the children reach the age at which they attend school and come under the notice of the nursing staff of the School Health Service. In other parts of the world the same difficulty in reaching the parents of this group of children has been found. The only satisfactory solution has been the institution of a system of health visiting, as practised in Great Britain. Our experience in this poliomyelitis outbreak underlines the need to institute the training scheme which I described in my report last year, and which I have described again, above, under the heading "Child Health Service".

Another case of infectious disease which deserves some mention is the patient who was admitted to the Spencer Hospital, Wynyard, in November, 1960, with an illness which was subsequently diagnosed as paratyphoid fever. During the period before the diagnosis was established, all discharges from this patient went down the sewer, in accordance with normal hospital practice. The sewage from that portion of the town of Wynyard that is sewered discharges, without any treatment whatever, into the Inglis River just above its mouth, and in close proximity to a bathing beach. These facts must be considered in conjunction with two others:—

(1) Windle Taylor, Director of Water Examination of the Metropolitan Water Board, London, a recognised authority on these matters, has reported that for twenty years after a small outbreak of paratyphoid fever at Epping in Essex, it was possible to isolate paratyphoid organisms from the sewage;

and

(2) In the Annual Report of the Western Australian Health Department for

1958 there is a description of an outbreak of typhoid fever associated with bathing in sea water contaminated with inadequately-treated sewage.

In view of these facts, I had no option but to take steps, by the appropriate administrative means, to stop the public bathing from the beach—which my officers and I had observed to be heavily polluted and to warn the public of the existence of this ban.

I then became the target for a libellous attack by the Wynyard Chamber of Commerce, the president of which rushed into print with accusations which, paraphrased, were that I was both dishonest and incompetent. A public servant who is subject to this kind of thing has no right of reply, unless he is in the fortunate position of writing an annual report; and, even then, his reply will usually come many months after the event. But he is entitled to expect that he will be defended by the Government that he serves. Otherwise there is no encouragement whatever for public servants to take necessary, but possibly unpopular, action.

I have set out, above, the reasons for the action that was taken. That action was, in my opinion, necessary to safeguard the health of the community. The fact that it affected certain commercial interests may have been unfortunate for those affected, but they should not carry their greed for profit to the extent that they are prepared to risk the health of the public. In this particular case, the local municipal council has since begun work on the installation of sewage treatment works and a more satisfactory outfall. When both stages of these works are completed, the potential danger should be reduced to a level at which the ban on bathing can safely be removed. It is an odd coincidence, and one that could not have been foreseen, that, in my last annual report, I quoted the words of my first predecessor, Dr. Elkington:—

“A single extensive outbreak of typhoid fever in any considerable centre may result in the loss of many thousands of pounds to those who cater for visitors”.

That warning is as important as it was 53 years ago. Action, similar to that taken at Wynyard, will be necessary at any town on the sea coast at which untreated or inadequately treated sewage is discharged in the vicinity of a bathing beach and at which there is evidence of the occurrence of typhoid or para-typhoid fever, undiagnosed at the stage at which the faeces will have been infectious.

During the year there was a considerable increase in the incidence of infectious hepatitis, which was not unexpected, in view of the increase in other Australian States. The onset of this illness often resembles almost exactly that of influenza or any one of a number of other acute infections, and the diagnosis does not become clear until the onset of jaundice some days after the illness has commenced. Though unpleasant during the acute stage, it is seldom fatal, and recovery is usually complete in about 3-5 weeks. It appears to have a long incubation period and, for this and other reasons, attempts to prevent the spread of the disease by isolation of cases and quarantine of contacts have been quite ineffective. In the present state of knowledge the only control measures that can be suggested are a rigid standard of hand-washing

after visits to the toilet, and the administration of gamma-globulin to those who are in close contact with a case (e.g., members of the same household).

Early in 1961 there was for a time some doubt about a case admitted to the infectious diseases wards of the Royal Hobart Hospital with the provisional diagnosis of chicken pox. Some unusual features in the illness had suggested the possibility of smallpox. The patient was seen by Dr. A. McArthur, Commonwealth Director of Health in Tasmania, Dr. A. D. Ross of the Division of Public Health and myself; we were unanimous in deciding that the illness was not smallpox. Although the outcome was fortunate in this case, the incident points to the need for a much wider vaccination of the population against smallpox. The only authentic figures at present available, those for children entering school, indicate that only 4.45% of this age group has been vaccinated against smallpox. There is no reason whatever for believing that a higher percentage of adults is protected against this disease. In effect, the community is, consciously or unconsciously, relying on the quarantine system of the Federal Health Department for protection against a disease which is endemic in countries less than half a day's travel from Australia. Efficient though that system is, experience in the past has shown that it is not, and cannot be, completely infallible. There is need for much more widespread vaccination than is customary in the State at present.

NUTRITION ADVISORY SERVICE

The most interesting dietary survey which was conducted during this year was the survey on Cape Barren Island. The dietary intakes of many of the Cape Barren Island school children were found inadequate. This was thought to be a result of the limited financial resources of the Islanders and the necessity to import highly priced foods. As a result of this investigation, a small ration of cheese was added to the school milk and vitamin A, D and C supplements. This improved the nutritional value of the diets considerably. A further attempt to improve the diets would have to be handled with caution. The services of a social anthropologist have been requested to advise the Department of Health Services on the possible adaptation of the health programme, to fit in with the cultural and social structure of this community. It is hoped that this advice will be available in 1962.

To widen the interest of the Cape Barren Island children, a holiday was organised for twelve of them in the Sunshine Home for a period of three weeks.

The other dietary surveys seem to indicate that improvements are occurring in the diets of children living in country districts. This is happening mainly because country stores increase their range of food supplies. Perishable foods which were formerly not available are now sold in frozen form.

In the city there also appears to be a slight change in dietary intakes because of the increased use of “convenience” foods (labour saving, prepared or service-prepared products).

An important part of the Nutrition Officer's work is the education of various groups in the simple facts of nutrition. Requests for specific information and for talks are constantly coming in. As well as dealing with these, the Nutrition

Officer has assisted other Government Departments in various aspects of nutrition education. She has also been responsible for planning a five-year survey of the Vitamin C intake of a group of children attending child health centres. At present there is much confusion about the use of vitamin supplements in the diet of young children. It is hoped that this survey will give us some positive information on the subject.

The Nutrition Officer's lectures to trainee teachers at the University and the Teachers' Training College have continued. This is a most valuable avenue of health education. As the teachers who have attended these lectures in past years pass out into the schools, the community gains, for not only do these teachers have some knowledge themselves of the science of nutrition, but they also know that expert advice can be obtained from our Nutrition Officer.

CIGARETTE SMOKING

In May, 1957, the National Health and Medical Research Council advised all State Health Departments that steps should be taken to inform the public of the true facts of the association between cigarette smoking and lung cancer. Perhaps it would be appropriate to summarise these facts here. Briefly it can be said that, in countries where this problem has been carefully investigated, there appears to have been a vast increase in the number of people dying from cancer of the lung, since the early years of this century. Attempts have been made, by interested parties, to explain this increase by saying that now far more people live to a greater age, and that it is well known that cancer is commoner in older people; alternatively the increase is attributed to the fact that facilities for the diagnosis of lung cancer are far better than they used to be. Unfortunately for those who wish to find reasons why cigarette smoking should continue, there should be the same mortality from lung cancer among smokers and non-smokers alike, if these two explanations are correct; but there is not. A considerable volume of evidence exists that the death rate from cancer of the lung in regular cigarette smokers is nearly ten times that in non-smokers.

It is difficult to know how to place these facts before the public. Obviously no health department in the world can hope to compete with the immense, subtle, and utterly unscrupulous advertising campaign organised, in its own interests, by the tobacco industry. (In Great Britain, tobacco companies spent £1,000,000 on advertising in 1953, but £5,000,000 in 1959.) This will dominate the field in propaganda, and therefore education of the public in the true facts will have to be on another level. In three of the Australian States, including Tasmania, the principle has been adopted of first teaching the teachers. This year, for the first time, the subject has been included in the series of lectures on nutrition and other aspects of public health that is given to trainee teachers. It is hoped by this means ultimately to disseminate the truth.

ENVIRONMENTAL SANITATION

It is necessary to set out quite clearly what the work of the health inspectors of the Division really is. In this State much of the administration of the Food and Drugs Act, and of the Public Health Act in relation to environmental sanitation, is in the hands of local authorities.

It is assumed, in each Act, that the local authority will employ one or more persons to police this administration, and the obvious intention of the Acts is that these persons should be qualified for their work. Under the ideal circumstances outlined above, the work of our health inspectorate is to set the standards to be observed by the officers of local authorities, to try to make sure that there is reasonable uniformity in the application of those standards and to provide guidance and essential technical information.

In the past we have fallen somewhat short of this ideal for various reasons, principally because a number of local authorities, lacking qualified health inspectors, have appointed unqualified persons. The position then arises that these unqualified inspectors, lacking knowledge of their work, either expect our staff to be constantly at their beck and call to deal with every difficult problem, or else get into difficulties owing to their unfamiliarity with the work, and expect our staff to extricate them. There has also been a tendency on the part of some local authorities to discourage the local man from making decisions that will be unpopular locally, in the hope that eventually our staff will be forced to step in and take the odium.

In pursuit of the policy of establishing reasonably uniform standards throughout the State, arrangements have been made by which local authorities submit to this office plans of certain types of buildings, for comment before the plan is finally approved by the local authority. The Public Health Act already makes this mandatory in the case of public buildings, and there is a somewhat similar provision in the Places of Public Entertainment Act. By mutual agreement the same type of arrangement has been made with a number of local authorities in respect of abattoirs and factories for processing their by-products, some food-processing premises, motels, sites for disposal of garbage, and swimming pools. By this means it is hoped that the knowledge of what has proved successful in one district may be used to ensure success in similar types of planning elsewhere.

(a) Drainage Disposal and Septic Tanks

This subject continues to occupy a great deal of time. It is complicated by the fact that control over the installation of septic tanks is, rightly, in the hands of the Public Health Division, whereas control over the disposal of other forms of drainage is exercised (when it is exercised at all) by local authorities. Serious difficulties arise most frequently in new subdivisions, and therefore, whenever possible, officers of the Public Health Division confer with the officers of local authorities before plans for these subdivisions are approved. In this way agreement can be reached on all aspects of drainage for the area.

One thousand three hundred and fifty-three applications for septic tanks were received, an increase of 83. Of these, 28 were rejected. I must again emphasise that, in most parts of Tasmania, septic tank effluent and sullage cannot be satisfactorily disposed of on the average suburban allotment. Therefore in areas on the fringe of towns, where there is rapid expansion, it became necessary some years ago to adopt a policy of refusing approval for septic tanks in such areas, even at a stage before many blocks are built upon. This policy is being accepted and understood better than in previous years.

(b) Sewage Disposal

There are only about four local authorities in the State which have provided reasonably complete sewage disposal for any of their towns, and the situation elsewhere leaves much to be desired. I have already commented on the dangerous possibilities produced by the Wynyard sewer outfall. Similar possibilities exist at Burnie and Launceston and, in event of a case of typhoid or paratyphoid fever being admitted to the Burnie Hospital or the Launceston General Hospital and remaining undiagnosed for a few days, it would be necessary for bathing to be banned in the vicinity of the outfall. The building of a general hospital at Ulverstone will create a similar situation there, as I have warned the Warden and the Council Clerk. The practice of the Hobart City Council in discharging macerated, but otherwise untreated, sewage into the Derwent Estuary is potentially dangerous. Although theoretically the Director of Public Health can control the discharge of sewage at these points, under Section 230 of the Hobart Corporation Act, the effect of this control is completely nullified by the financial escape clause in the same section of that Act, and therefore I have no option but to rely on the co-operation of the Council. The fact that the Council, this year, has embarked on extensive works, including a complete alteration of the Sandy Bay outfall, without seeking the approval of the Director, as required by the Hobart Corporation Act, does not engender confidence that the required co-operation will be forthcoming in future. One can only hope for the best.

(c) Garbage Disposal

The introduction of modern methods of controlling tipping has been urged upon local authorities throughout the year. It is now possible to claim that three local authorities are maintaining a proper standard; whereas in previous years only Clarence had a well-conducted site, Hobart and Glenorchy can now be added to the list. The latter is a striking example of the fact that an eyesore and a nuisance can be converted into a first class site in six or eight weeks when a good operator is given suitable equipment and ample clean covering material.

Enquiries about controlled tipping have been received from Kingborough, Devonport and Ulverstone. The Kingborough Commission is well advanced with plans for operating on a site which has the advantage that ample covering material is available without the necessity for cartage.

(d) Food and Drugs

Officers maintained supervision of the standard of food products on sale throughout the State.

The labelling of food still constitutes a problem. The gross adulteration of food, prevalent in earlier days, has now given place to more subtle means of deception or mis-representation by exaggerated claims on labels and advertisements.

During the year our inspectors discovered that a number of butchers were selling mince meat containing preservative in excess of the amount permitted by the regulations. (All preservatives, of course, are poisonous; therefore their use in food must be kept down to the absolute minimum, and completely avoided if possible.)

Following on this discovery, local authorities were asked to make further checks, and a number of butchers were prosecuted and fined.

The practice of post-dating milk and cream bottles was abolished during the year. Previously the cap of each bottle was stamped with an entirely mythical date which was intended to be—but sometimes was not—the date of delivery. In consequence of this system, which was contrary to the regulation, it was often possible to buy, in a shop on Monday afternoon, a bottle of milk labelled “Tuesday”. The bottle tops now bear the date on which the milk was bottled. By arrangement with milk processors, the Department co-operated in a campaign designed to explain to the public exactly why the system was being changed, and this seems to have been very successful. It is pleasing to note that the system of dating has been introduced in New Zealand; enquiries about it have been received from some of the mainland States of Australia.

(e) Food Processing and Food Premises

No progress has been made during the year with meat supervision, although proposals were submitted to Cabinet by an inter-departmental committee appointed for the purpose. Until new legislation is introduced, Tasmania will continue to be the only Australian State in which proper control is not exercised.

Some attention was paid to ice-cream factories during the year. The bacteriological reports on this commodity, supplied by the Department of Agriculture, indicate the need for a great deal more attention to be paid to these factories in future.

(f) Food and Drugs Legislation

The regulations under the Food and Drugs Act were consolidated and reprinted during the year, but the benefit of this has been almost entirely lost because the reprint, a volume of 116 pages, has no index. A suitable index has been prepared, but I am advised that funds for its printing were not available during the year; it is hoped to print it during 1961-62.

OFFICE ADMINISTRATION AND STAFF

There has been no improvement whatever in the situation described in my annual report last year. The work of all sections of the Division has been impeded by congestion and overcrowding; this has fallen with particular severity on the punched-card records section and the health inspectorate, who are working under conditions that would not be tolerated for an instant in any private industry that had the slightest concern for the efficiency of work done by its employees. A quite useful suggestion, made during the year by the Accommodation Board, could not be adopted because the Government decided to renew for another year the lease of Ferguson's Building to its present occupants. At the end of the financial year, a proposal that the Public Health Division should move into an old building, shortly to be vacated by the Education Department, gave promise of a solution to our difficulties for the next five years at least. Most unfortunately, owing to circumstances over which I have no control, a final decision to accept this most promising solution has not yet been made.

An outstanding defect in our present organisation is the complete absence of any facilities for public health laboratory work. For bacteriology we have to rely on the good offices of the Commonwealth Health Department, the laboratory of which is already overcrowded with its own work. I have to thank the Commonwealth Director of Health, Dr. McArthur, for his ready and unselfish co-operation. Owing to our lack of facilities, we and various local authorities are unable to exercise proper control over the bacteriological purity of food.

During the year a number of staff changes took place, owing to retirement and resignation for various reasons. Space does not permit details of all of these to be given, but I must mention, with great regret, the loss of two most valued members of the School Health Service, Sister Kent of Queenstown who resigned on

account of ill health, and Sister Stebbins whose death has left a gap at Burnie that will be extremely hard to fill.

Once again I have to thank all members of the staff of the Division, each one of whom has contributed to the work of the year, particularly leaders of the various sections, Dr. H. B. Gibson, Sister Foster, Miss Howeler, and Mr. H. T. D'Alton, each of whom has acted as a most valuable link between the Director and those who work in the field; and last, but by no means least, Dr. A. D. Ross, who has acted with conspicuous ability as my deputy since his arrival in the State and who has fitted into the organisation extremely well.

H. M. L. MURRAY, L.R.C.P., L.R.C.S.,
L.R.F.P.S., D.P.H., F.A.I.M.,
Director of Public Health.

TABLE 12.
RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities
During the Year 1960-61.

Municipality	Rubella	Scarlet Fever	Hydatids	Diphtheria	Infantile Diarrhoea	Hepatitis	Glandular Fever	Rheumatic Fever	Typhoid Fever	Bacillary Dysentry	Brucellosis	Tuberculosis	Polio­myelitis	Meningitis	Totals
Beaconsfield ..	..	1	..	..	..	6	1	..	..	..	..	9	1	1	19
Bothwell ..	..	..	1	..	..	..	..	..	..	..	..	2	..	..	3
Brighton ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Bruny Island	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Burnie ..	..	4	2	..	..	5	..	..	1	..	..	6	..	..	18
Campbell Town	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Circular Head	..	7	..	..	..	24	1	..	..	..	..	1	..	1	34
Clarence ..	1	1	..	1	6	..	..	..	..	..	..	8	5	3	25
Deloraine ..	..	..	..	..	..	2	..	..	..	..	..	2	2	..	6
Devonport ..	..	..	..	..	..	4	..	..	..	..	2	2	3	..	11
Esperance ..	..	..	..	..	..	13	..	..	..	..	..	1	..	1	15
Evandale ..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	6
Fingal ..	..	..	1	..	..	..	..	..	..	..	..	4	..	..	5
Flinders Island	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
George Town ..	..	..	..	..	..	3	..	..	..	..	..	1	2	..	6
Glamorgan ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Glenorchy ..	..	1	..	..	2	7	1	..	..	..	..	7	12	5	35
Gormanston ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Green Ponds ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hamilton ..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2
Hobart ..	1	2	1	..	3	4	1	1	..	..	..	18	13	8	52
Huon ..	..	..	..	..	1	..	..	..	..	..	..	1	3	..	5
Kentish ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kingborough ..	..	..	..	..	..	1	1	..	..	..	..	1	1	1	5
King Island ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Latrobe ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Launceston ..	..	1	..	1	..	5	3	4	..	1	..	21	4	1	41
Lilydale ..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
Longford ..	..	12	1	..	1	35	1	2	..	1	..	3	1	1	58
New Norfolk ..	..	1	2	..	6	..	..	..	..	..	..	1	..	2	12
Oatlands ..	..	..	..	..	..	4	..	..	..	..	..	1	3	..	8
Penguin ..	..	..	..	..	..	1	1	..	..	..	..	3	..	..	5
Port Cygnet ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Portland ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Queenstown ..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	3
Richmond ..	..	1	..	..	..	..	..	..	..	..	..	2	..	..	3
Ringarooma ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Ross ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale ..	..	6	..	..	..	9	..	..	..	..	..	1	..	..	16
Sorell ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Spring Bay ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Leonards ..	..	1	..	..	..	2	1	..	..	..	..	..	4	1	9
Strahan ..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	3
Tasman ..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
Ulverstone ..	..	1	..	..	..	..	1	..	..	..	..	6	1	..	9
Waratah ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury ..	..	11	2	..	..	16	..	3	..	..	..	2	2	..	36
Wynyard ..	..	..	..	..	..	..	..	..	1	..	..	2	2	1	6
Zeehan ..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	5
Totals ..	2	50	11	2	20	148	12	10	2	2	2	124	62	26	473

TABLE 13.
RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year
1960-61.

Month	Rubella	Polio­myelitis	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Infantile Diarrhoea	Hepatitis	Glandular Fever	Rheumatic Fever	Typhoid Fever	Bacillary Dysentry	Brucellosis	Tuberculosis	Totals
July ..	..	..	4	9	..	..	3	3	1	1	..	..	..	10	31
August ..	..	..	4	4	3	1	4	2	1	1	..	..	..	7	27
September ..	..	7	3	3	..	1	2	4	1	..	..	..	..	7	28
October ..	..	18	2	1	..	..	6	2	..	1	..	..	..	10	40
November ..	..	18	3	1	2	..	..	16	..	1	2	..	1	10	54
December ..	..	4	..	2	..	..	..	1	..	1	..	..	..	15	23
January ..	2	7	2	1	1	..	4	2	1	1	..	..	1	10	32
February ..	..	4	..	2	2	..	..	21	..	..	..	..	..	6	35
March ..	..	4	3	12	..	..	1	38	..	1	..	1	..	13	73
April ..	..	..	3	3	1	..	..	21	2	..	..	1	..	11	42
May ..	..	..	1	9	2	..	..	15	2	1	..	..	..	15	45
June ..	..	..	1	3	..	..	..	23	4	2	..	..	..	10	43
Totals ..	2	62	26	50	11	2	20	148	12	10	2	2	2	124	473

TABLE 14.
RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1960-61.

Disease	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and over	Age Not stated	Total	Grand Total	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
Gonorrhoea	..	..	..	..	68	9	57	7	10	..	13	1	6	1	4	..	..	158	176
Primary Syphilis	..	..	..	..	2	..	..	..	3	..	..	1	..	..	..	..	..	7	7
Secondary Syphilis	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	1	1	2
Tertiary Syphilis	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1	1
Totals	..	..	..	..	70	11	57	7	13	..	14	1	6	1	5	..	166	186	

**Report of the Division of Tuberculosis for the
Year Ended 30th June, 1961**

In the last Annual Report, the substantial decline in the number of new cases of tuberculosis being notified to the Division was discussed.

It is, therefore, with considerable satisfaction that a further substantial decline in the number of new notifications is recorded for this year.

From 1st July, 1960, till 30th June, 1961, 117 new cases were notified, and were classified as follows:—

Pulmonary Tuberculosis	85
Primary Pulmonary Tuberculosis	6
Pleurisy with Effusion	9
Tuberculosis Meningitis	..
Other Non-Pulmonary Tuberculosis	17
	117

Comparative figures for the percentage of pulmonary and non-pulmonary cases for the past five years is given in Table 15 below.

TABLE 15.

<i>Year Ended.</i>	<i>Pulm.</i>	<i>% of Total</i>	<i>Non-Pulm.</i>	<i>% of Total</i>	<i>Total Cases</i>
30.6.57	179	86.9	27	13.1	206
30.6.58	139	83.2	28	16.8	167
30.6.59	137	85.6	23	14.4	160
30.6.60	108	84.4	20	15.6	128
30.6.61	100	85.5	17	14.5	117

Age Groups of Notified Cases

The age group and its percentage of the total number of cases is shown in Table 16 below, and Table 17 shows the age, stage and sex of the notified cases.

TABLE 16.

<i>Age Group</i>	<i>No. of Cases</i>	<i>% of Total</i>
0 to 4 years	..	..
5 to 9 years	6	5.2
10 to 14 years	5	4.2
15 to 19 years	4	3.5
20 to 24 years	7	5.9
25 to 29 years	17	14.5
30 to 34 years	6	5.2
35 to 39 years	19	16.2
40 to 44 years	5	4.2
45 to 49 years	13	11.1
50 to 54 years	10	8.5
55 to 59 years	9	7.6
60 to 64 years	6	5.2
65 to 69 years	2	1.7
70 to 74 years	4	3.5
75 years and over	4	3.5

TABLE 17.

Age Group	MALES					FEMALES					TOTAL				
	Min.	Mod. Adv.	Adv.	Non Pul.	Total	Min.	Mod. Adv.	Adv.	Non Pul.	Total	Min.	Mod. Adv.	Adv.	Non Pul.	Total
0 to 4 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 9 ..	4	..	..	..	4	..	1	..	1	2	4	1	..	1	6
10 to 14 ..	1	..	..	1	2	2	..	..	1	3	3	..	..	2	5
15 to 19 ..	..	..	..	..	..	2	1	1	..	4	2	1	1	..	4
20 to 24 ..	..	..	..	..	..	3	..	1	3	7	3	..	1	3	7
25 to 29 ..	2	1	2	1	6	4	6	..	1	11	6	7	2	2	17
30 to 34 ..	1	2	..	..	3	1	1	..	1	3	2	3	..	1	6
35 to 39 ..	2	5	1	..	8	5	2	2	2	11	7	7	3	2	19
40 to 44 ..	..	3	..	1	4	..	1	..	..	1	..	4	..	1	5
45 to 49 ..	2	5	1	..	8	4	1	..	..	5	6	6	1	..	13
50 to 54 ..	1	5	1	2	9	..	..	1	..	1	1	5	2	2	10
55 to 59 ..	2	4	..	2	8	1	..	..	..	1	3	4	..	2	9
60 to 64 ..	..	5	..	1	6	..	..	..	..	..	..	5	..	1	6
65 to 69 ..	1	..	..	..	1	1	..	..	..	1	2	..	..	..	2
70 to 74 ..	1	..	1	..	2	1	1	..	..	2	2	1	1	..	4
75 and over ..	..	1	1	..	2	1	..	1	..	2	1	1	2	..	4
Totals ..	17	31	7	8	63	25	14	6	9	54	42	45	13	17	117

Stage of Disease at Time of Notification

Of the 100 cases in which the lungs orleurae were involved, 42% were considered to be minimal, 45% were regarded as moderately advanced, and the other 13% were quoted as advanced.

Figures for the past five years are given in Table 18 below.

TABLE 18.

Year	Minimal Cases	Moderately Advanced Cases	Advanced Cases	Total Cases
30.6.57....	70=39.1%	94=52.5%	15= 8.4%	179
30.6.58 ...	61=43.9%	68=48.9%	10= 7.2%	139
30.6.59....	60=43.8%	61=44.5%	16=11.7%	137
30.6.60....	44=40.8%	52=48.1%	12=11.1%	108
30.6.61....	42=42%	45=45%	13=13%	100

Sex of Cases Notified

This year still shows a higher incidence in tuberculosis among the male population, but is slightly lower than any of the previous five years.

The percentage of male notifications for the past five years is as follows:—

Year 30.6.57	....	58.2%
Year 30.6.58	....	64.7%
Year 30.6.59	....	60%
Year 30.6.60	....	56.2%
Year 30.6.61	....	53.8%

Sources of Notification

The Miniature X-ray Survey continues to be the most successful medium for revealing the unsuspected case of pulmonary tuberculosis in the community.

Once again this year the number of cases found in this manner approximates to half of the total pulmonary cases notified for the year.

Epidemiological Surveys have not yielded the number of new cases which might have been expected from the perusal of figures from other States and countries but, as the reactor rate for primary schools in Tasmania is only between 1% and 2% of the children tested, it appears certain that the school children, at any rate,

are not in contact with any unsuspected case of tuberculosis.

The following table shows the source of notification of the cases reported during the year:—

TABLE 19.

	Pulmonary Cases	Non-Pulmonary Cases	Total Cases
Private Physicians	13	4	17
Chest Clinics	14	..	14
Public Hospitals	18	12	30
Repatriation Hospital	1	1	2
Government Medical Officers	2	..	2
Epidemiological Surveys	1	..	1
Mass X-ray Surveys	51	..	51
TOTALS	100	17	117

Table 21 shows the notifications received from each municipality in the State for the year ended 30th June, 1961.

Supervision of Pulmonary Cases

Hospitalisation was considered necessary in 76 cases of pulmonary tuberculosis, and these were admitted to the Tasmanian Chest Hospital, Northern Chest Hospital, and Repatriation Hospital, Hobart, in accordance with the following table:—

TABLE 20.

Tasmanian Chest Hospital	34
(Includes two Non-Pulmonary cases.)	
Northern Chest Hospital	36
(Includes one Non-Pulmonary case.)	
Repatriation Chest Ward ..	6
	76

Migrants

The number of migrants notified as suffering from tuberculosis to the Division in the year just ended totalled nine cases. The country of origin of these nine cases is as follows:—

Yugoslavia	2
United Kingdom	5
Austria	1
Rumania	1

TABLE 21.
1960-61.

Municipality	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	Total
Beaconsfield	1	..	1	..	1	1	..	..	2	..	2	1	9
Bothwell	..	..	1	..	..	..	..	..	..	..	1	..	2
Brighton	..	..	..	..	..	..	..	..	..	..	..	..	..
Bruny	..	..	..	..	..	..	..	..	..	..	..	..	..
Burnie	..	1	..	1	..	..	1	1	..	..	..	1	5
Campbell Town.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Circular Head	1	..	..	..	..	..	..	..	..	..	..	..	1
Clarence	..	1	1	1	..	2	..	2	..	..	..	..	7
Deloraine	..	..	..	..	..	..	1	..	..	..	1	..	2
Devonport	..	..	..	..	..	..	..	..	1	..	1	..	2
Esperance	..	..	..	..	1	..	..	..	..	..	..	..	1
Evandale	..	..	..	..	..	..	..	..	..	..	..	..	..
Fingal	..	..	..	..	..	..	..	..	..	..	2	1	3
Flinders	..	..	..	..	..	..	..	..	..	..	..	..	..
George Town	..	..	..	..	..	..	..	..	..	1	..	..	1
Glamorgan	..	..	..	..	..	..	..	..	..	..	..	..	..
Glenorchy	1	2	..	..	1	..	1	1	1	..	..	..	7
Gormanston	..	..	..	..	..	..	..	..	..	..	..	..	..
Green Ponds	..	..	..	..	..	..	..	..	..	..	..	..	..
Hamilton	..	..	..	..	..	..	..	..	..	1	1	..	2
Hobart	..	5	..	2	..	3	2	..	1	3	2	2	20
Huon	..	..	..	..	..	..	..	..	..	..	..	1	1
Kentish	..	..	..	..	..	..	..	..	..	..	..	..	..
Kingborough	..	..	..	..	..	1	..	..	..	..	..	..	1
King Island	..	..	..	..	..	..	..	..	1	..	..	..	1
Latrobe	..	..	..	..	..	..	..	..	..	..	..	..	..
Launceston	1	..	2	2	3	3	..	1	..	4	1	2	19
Lilydale	..	..	..	..	..	..	1	..	..	..	..	..	1
Longford	..	1	..	..	..	2	..	..	..	..	..	..	3
New Norfolk	..	..	..	..	..	1	..	..	..	..	..	..	1
Oatlands	..	..	..	..	..	..	..	..	1	..	..	..	1
Penguin	1	..	..	..	..	..	..	..	1	1	..	..	3
Port Cygnet	..	..	..	..	..	..	..	..	..	..	..	..	..
Portland.. ..	..	..	..	..	..	..	..	..	..	..	..	1	1
Queenstown	..	..	..	..	..	1	1	..	..	..	1	..	3
Richmond	..	..	..	..	..	..	..	..	1	..	1	..	2
Ringarooma	..	..	..	..	..	..	..	..	..	..	..	..	..
Ross	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale	..	..	..	..	..	..	..	..	..	..	1	..	1
Sorell	..	..	..	..	..	..	..	..	..	..	..	..	..
Spring Bay	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Leonards	1	..	..	..	..	..	..	..	..	..	..	..	1
Strahan	..	..	..	1	..	..	..	..	..	..	1	..	2
Table Cape (Wynyard)	..	..	..	..	1	..	..	..	..	..	..	..	1
Tasman	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulverstone (Leven) ..	..	..	1	1	..	..	2	..	..	1	..	1	6
Waratah.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury	..	..	1	..	..	..	1	..	..	..	..	..	2
Zeehan	1	..	..	..	2	..	..	..	2	..	..	..	5
Totals	7	10	7	8	9	14	10	5	11	11	15	10	117
Pulmonary Cases	7	6	7	7	8	11	8	5	10	10	14	7	100
Non-Pulmonary Cases ..	..	4	..	1	1	3	2	..	1	1	1	3	17

Tuberculosis Allowances

The number of persons receiving Tuberculosis Allowances continues to drop in a most satisfactory manner. A further decrease of 24 persons receiving the Allowance has been recorded in the year under review.

At the commencement of the year there were 121 persons in receipt of the Allowance. One hundred and twenty new claims were lodged, of which 91 were approved by the Commonwealth Department of Social Services, while two additional persons in receipt of the Allowance were transferred from other States.

During the year, 100 payments were cancelled, 76 of which were on medical grounds. In nine cases, cancellation resulted from death of the patient, and one payment was transferred to another State. At the conclusion of the year there were 114 Allowances current.

Deaths Among Notified Cases of Tuberculosis

During the year there were 31 names removed from the State Tuberculosis Register on account of death. Of these, 19 were regarded as inactive, and their deaths were caused by age and/or other illness. Among these 19 inactive cases

were six in the over 70 age group, their average age being slightly over 72 years. In 12 instances the patient was shown to be suffering from active tuberculosis at the time of death, and included among these 12 cases was one person aged 74 years.

Sex and age groups of the 12 tuberculosis deaths is given in Table 22 below.

TABLE 22.

Age Group	Males	Females	Total
0 to 4 years	..	..	..
5 to 9 years	..	..	..
10 to 14 years	..	..	..
15 to 19 years	..	..	..
20 to 24 years	..	..	..
25 to 29 years	1	..	1
30 to 34 years	..	..	..
35 to 39 years	1	2	3
40 to 44 years	..	..	..
45 to 49 years	1	..	1
50 to 54 years	1	1	2
55 to 59 years	..	1	1
60 to 64 years	3	..	3
64 to 69 years	..	..	..
70 to 74 years	1	..	1
75 years and over	..	..	..
	8	4	12

STATE TUBERCULOSIS REGISTER

During the year the Register was revised, particularly with regard to the classification of cases under the care of the Repatriation Department.

In order to make the figures of the Register more accurate and meaningful, it was decided to integrate the Repatriation cases, which

previously consisted of active and inactive pulmonary as well as non-pulmonary cases, into the General Register rather than show these figures in a separate column.

During this operation it was found possible to remove a number of inactive cases entirely from the Register, as the persons concerned are now no longer traceable, and others for various different reasons.

	Pulmonary	Non-Pulmonary	Repatriation Unclassified	Total
Registrations at 30.6.60	1,987	360	535	2,882
New Cases Notified	87	17	13	117
	<u>2,074</u>	<u>377</u>	<u>548</u>	<u>2,999</u>
Plus—				
Repatriation cases now integrated	538	10	....	....
Transfers from other States	4	....	....	4
Transfers from Overseas	1	....	....	1
	<u>2,617</u>	<u>387</u>	....	<u>3,004</u>
Less				
Deceased (all causes)	27	4	....	31
	<u>2,590</u>	<u>383</u>	....	<u>2,973</u>
Transferred to other States	8	2	....	10
	<u>2,582</u>	<u>381</u>	....	<u>2,963</u>
Transferred Overseas	1	....	....	1
	<u>2,581</u>	<u>381</u>	....	<u>2,962</u>
Notified last year, now revoked	1	....	....	1
	<u>2,580</u>	<u>381</u>	....	<u>2,961</u>
Repatriation cases (removed from Register as indicated above)	85	1	....	86
TOTALS	<u>2,495</u>	<u>380</u>	....	<u>2,875</u>

ACTIVE REGISTER (PULMONARY CASES).	
Total as at 30.6.60	238
New notifications	87
Transferred from Inactive Register	14
Transferred from other States	1
	<u>340</u>
Plus—	
Repatriation cases now integrated	11
	<u>351</u>
Less—	
Deceased (all causes)	14
Transferred to Inactive Register	129
	<u>143</u>
Total as at 30.6.61	<u>208</u>

Less—	
Deceased (all causes)	13
Transferred to Active Register	14
Transferred to other States	8
Transferred Overseas	1
Repatriation cases (removed from Register as indicated above)	54
	<u>90</u>
Total as at 30.6.61	<u>2,287</u>

INACTIVE REGISTER (PULMONARY CASES).	
Total as at 30.6.60	1,749
Transferred from Active Register	129
Transferred from other States	4
Transferred from Overseas	1
	<u>1,883</u>
Plus—	
Repatriation cases now integrated	494
	<u>2,377</u>

REGISTER OF NON-PULMONARY CASES.	
Total as at 30.6.60	360
New notifications	17
Plus—	
Repatriation cases now integrated	10
	<u>387</u>
Less—	
Deceased	4
Transferred to other States	2
Repatriation cases left State	1
	<u>7</u>
TOTAL	<u>380</u>

CHEST CLINICS

Table 23 shows the work of the various Chest Clinics throughout the year.

TABLE 23.		Hobart	Launceston	Devonport	Burnie
Examinations					
Notified cases commencing attendance		28	23	6	10
Cases referred from Mass Survey for investigation		81	65	11	6
Cases referred by private medical practitioners		45	19	42	39
Contacts registered at chest clinics		215	299	64	113
		<u>369</u>	<u>406</u>	<u>123</u>	<u>168</u>
Total new cases registered		7,504	5,538	3,291	1,930
Total attendances		<u> </u>	<u> </u>	<u> </u>	<u> </u>

EPIDEMIOLOGICAL SURVEYS.

Report on School Mantoux Test Surveys Year ended 30th June, 1961:—

	Positive				
Tested	Negative	Naturally	By B.C.G.	Not Checked	
6,008	5,806	131	42	29	

MASS X-RAY.

	Hobart	Launceston	Mobile	Total
Total number of micro films	40,672	24,408	45,941	111,021
Total number of large films required	474	324	761	1,559
Total number of large films taken	2,468	379	971	3,818
(a) Normal .....	.....	.....	.....	2,991
(b) Abnormal .....	.....	.....	.....	827
(c) Referred for further investigation to—				
(i) Chest Clinic	154	18	91	263
(ii) Private practitioner	72	49	106	227
(d) Films not requiring further attention, and others pending	236	108	259	603

Diagnosis made—	Minimal	Moderately Advanced	Advanced	Total
(a) Active tuberculosis	22	24	5	51
(b) Inactive tuberculosis	80	16	24	120
(c) Still under observation	66	37	70	173

TABLE 24.

STATEMENT SHOWING AGE GROUP OF PERSONS DIAGNOSED.

INACTIVE TUBERCULOSIS		ACTIVE TUBERCULOSIS	
0 to 4 years .....	.....	0 to 4 years .....	.....
5 to 9 years .....	.....	5 to 9 years .....	.....
10 to 14 years	1	10 to 14 years .....	.....
15 to 19 years .....	.....	15 to 19 years	2
20 to 24 years	2	20 to 24 years	6
25 to 29 years	2	25 to 29 years	6
30 to 34 years	3	30 to 34 years	4
35 to 39 years	14	35 to 39 years	9
40 to 44 years	21	40 to 44 years	3
45 to 49 years	14	45 to 49 years	8
50 to 54 years	15	50 to 54 years	4
55 to 59 years	20	55 to 59 years	7
60 to 64 years	15	60 to 64 years	2
65 to 69 years	7	65 to 69 years .....	.....
70 to 74 years	3	70 to 74 years .....	.....
75 years and over	3	75 years and over .....	.....
	120		51

TABLE 25.

Statement showing the number of persons X-rayed each year on the Hobart, Mobile No. 1, Mobile No. 2, Launceston and Royal Hobart Hospital X-ray Units during the three years ended 30th June, 1961:—

	Hobart Unit	Mobile No. 1 Unit	Mobile No. 2 Unit	Royal Hobart Hospital Unit	Launceston X-ray Unit
1959	40,416	45,638	1,693	6,708	25,263
1960	38,999	46,757	1,708	5,690	24,092
1961	36,621	42,806	3,135	4,051	24,408

JAMES TREMAYNE, M.B. (Syd.), M.R.A.C.P.,
Director of Tuberculosis.

Report of the Division of Mental Health for the Year Ended 30th June, 1961

NEW SERVICES

The year saw the inauguration of a community psychiatric service to the north of the island. Two divisional psychiatrists are now working at Launceston and one at Burnie. Their functions are to provide a service not only to the towns upon which they are based but to other centres of population.

It is anticipated that this community service will reduce the number of admissions to the Lachlan Park Hospital.

The three northern psychiatrists are hampered in their work by the lack of a psychiatric social worker and psychologist and by inadequate physical facilities.

OTHER SERVICES

Lachlan Park Hospital

The new nurses home has been completed and will soon be ready for occupation.

A medical officer (Dr. Roe) resigned and has not been replaced. More than 800 patients are cared for by three psychiatrists (including the Medical Superintendent) and a temporary medical officer. In these days of intensive psychiatric treatment the inadequacy of the medical staff constitutes, in my opinion, a grave scandal.

Government Institution for Defectives, New Norfolk

There has been no further expansion of this institution. Plans are being prepared for the building of two new wards on the old hospital site; (1) a female security ward and (2) a ward for the totally dependent.

Millbrook Rise

This hospital for the treatment of neuroses and early psychoses continues to provide a valuable service.

Government Institution for Defectives, Launceston ("Nelumie")

This hostel for high grade female defectives provides a stepping stone in their rehabilitation.

Government Institution for Defectives at St. John's Park

A new block for male defectives has been opened. It provides first class accommodation and recreational facilities, including a gymnasium. It is to be known as "Karingal".

Headquarters Clinic

The position of psychiatrist vacated by Dr. Moynagh in April, 1958, was filled by Dr. Isles in November, 1960. The Acting Senior Psychologist (Mr. Pitty) left early in the new year and has not been replaced. The professional staff consists of the Director, one psychiatrist, three psychiatric social workers and one psychologist.

Work carried out includes:—

- (1) Examination and supervision of mental defectives under the Mental Deficiency Act.
- (2) Limited diagnostic and therapeutic work with children.

- (3) Psychiatric examinations for the courts, the Controller of Prisons, the Police, the Child Welfare and other Government Departments.

Psychiatric Clinics at General Hospitals

Royal Hobart Hospital:

Five outpatient and four inpatient sessions per week are provided by divisional psychiatrists from Hobart and New Norfolk.

A psychiatric social worker from the Headquarters Clinic assists at two of these sessions.

Launceston General Hospital:

The two psychiatrists stationed at Launceston (Dr. Simpson and Dr. Gold) provide 10 sessions per week.

Burnie General Hospital:

Mersey General Hospital Outpatients Centre:

Spencer Hospital, Wynyard:

Dr. Harrison, psychiatrist at Burnie, provides a psychiatric service to these three hospitals and has a limited number of beds in the Spencer Hospital, Wynyard.

PERSONNEL

Medical

The Division has been fortunate in gaining four psychiatrists during the year for extra-mural work. These men have been appointed to positions in Hobart, Launceston and Burnie.

Advertisements for psychiatrists and medical officers at the Lachlan Park Hospital have not attracted any suitable applicants.

The medical staffing position at the Lachlan Park Hospital is extremely critical. Eight wards are now open wards and more wards could be opened if adequate psychiatric treatment was available.

Unless the position can be improved in the near future wards now open may have to close, and inadequate treatment will result in patients deteriorating and swelling the ranks of the chronically insane instead of recovering.

Nursing

There is still a critical shortage of female trained psychiatric nurses at the Lachlan Park Hospital.

The Training School for Nurses continues to develop and the standard reached by student nurses has been very high.

Psychiatric Social Workers

Vacancies exist at the Lachlan Park Hospital and at Launceston. Repeated advertising at home and abroad has been ineffective in filling the vacancies.

Psychologists

There is one psychologist at the Headquarters Clinic and one at the Lachlan Park Hospital.

Administrative and Clerical

The Manager of the Lachlan Park Hospital has been on sick leave for six months and may not be returning to duty. Reorganisation of the administrative section of the Lachlan Park Hospital is being considered by the Public Service Commissioner.

PLANNING

Since being appointed to his present post ten years ago the writer has planned for:—

- (1) Improved psychiatric treatment at the Lachlan Park Hospital; and
- (2) The provision of a community psychiatric service (including a Child Guidance Clinic).

On returning from a study of psychiatric services overseas in 1956 he recommended that the *minimum* medical staff to cater for the patients at the Lachlan Park Hospital should be four psychiatrists plus four medical officers, and that community psychiatric services should be based on psychiatric units at general hospitals.

In 1958 the writer, with the help of senior professional staff, produced a "Five Year Plan" for providing an adequate psychiatric service to the people of Tasmania.

To date, four additional psychiatrists have been appointed to provide community services outside the Lachlan Park Hospital and two psychiatrists have been recruited to the Lachlan Park Hospital. It is hoped that a psychiatric unit will be built at the Launceston General Hospital within the next twelve months.

However, there is still no psychiatric clinic for children, and the medical staffing position at the Lachlan Park Hospital is still grossly inadequate for proper medical treatment.

It is hoped that new legislation, along the lines recommended by the British Royal Commission, will be enacted in the coming year.

Attached are reports of the Medical Superintendent, Lachlan Park Hospital and Millbrook Rise and of the Psychiatric Social Work and Welfare Section, together with statistical tables.

J. R. V. FOXTON, M.B., B.S.,
Director of Mental Health.

REPORT OF PSYCHIATRIC SOCIAL WORK AND WELFARE SECTION

During the past financial year the staffing of this Section has remained static, i.e. there have been three psychiatric social workers and one welfare officer. Efforts to fill three vacancies for psychiatric social workers have been unsuccessful. The need to fill the vacancy at Lachlan Park Hospital is great and, with the recent appointment of two psychiatrists in Launceston and one in Burnie, the need for one or more psychiatric social workers in northern Tasmania has become acute. There still remains little hope of attracting workers from other States in Australia, and it appears that we must continue to look to Great Britain to augment our present inadequate numbers.

Again, caseloads have been heavy, and it has not been possible to carry out intensive casework. If we are unable to increase the number of workers, serious consideration will need to be given to the nature of the work undertaken, and to the most effective and economical use of the staff available.

The senior psychiatric social worker has paid visits of a week's duration to the north-west Coast at three-monthly intervals, and to Launceston and neighbouring districts in the intervening months. This has provided superficial contact with patients discharged from Lachlan Park Hospital and Millbrook Rise and with their relatives, routine statutory work with mental defectives and their relatives or guardians, and work with patients (both adults and children) referred by private practitioners and other Government departments.

Similar work has been undertaken in Hobart and district by all three psychiatric social workers, and in addition one worker has visited Lachlan Park Hospital regularly, interviewing patients there and conducting the patients' therapeutic social club.

In general, the duties of the psychiatric social workers have involved compilation of social histories for diagnostic purposes, casework with patients and their relatives, contact with other agencies, follow-up work with patients from Lachlan Park Hospital and Millbrook Rise and contact with their relatives, assistance at psychiatric clinics at the Royal Hobart Hospital, and work with defectives under the care of the Mental Deficiency Board.

The welfare officer, in his work with male mental defectives, has made general progress but has found rehabilitative work hampered by the recent lack of employment opportunities. Some have lost jobs through retrenchment, and it has been difficult to find suitable openings for those in institutions who have stabilised sufficiently to consider employment. Seasonal work may give some assistance in this respect.

The welfare officer has undertaken statutory supervision of a number of defective boys in the community, as well as supervising those under guardianship, and has maintained contact with those still in institutions. He has kept in touch with institution staff members, constantly reviewing the problems of handling individual defectives, and discussing their social rehabilitation.

A psychiatric social worker has served as a member of the Mental Deficiency Board, and another worker has attended all meetings of the Official Visitors at Lachlan Park Hospital. The senior psychiatric social worker has continued to take part in the work of the Training and Selection Sub-Committee of the Marriage Guidance Council. All workers were involved in organisation of meetings of representatives from agencies engaged in social work and welfare work. These meetings resulted in the election of a working committee to investigate the possible establishment of a Council of Social Services in Tasmania.

Lectures, sixteen in all, have again been given to mothercraft trainees and to double-certificated nurses undergoing training for their Child Welfare Certificate. These lectures centre round the "Emotional Needs of Mothers and Babies", "The Art of Interviewing", "Family Budgeting", and "The Emotional Development of Children".

STATISTICS

STATE PSYCHOLOGICAL CLINIC

New Cases Only

	Male	Female	Total
Psychological examinations	29	11	40
Psychiatric examinations	56	36	92
Total new cases seen			112

Included in the above are:—

Referrals by gaol, court, Police, &c.	34	12	46
Referrals by Ashley and Wybra	15	....	15
Ascertained certifiable under Mental Deficiency Act	15	5	20

The above figures refer to primary examination only. Many cases were seen first by a psychiatrist and later by a psychologist.

MENTAL DEFICIENCY BOARD

Table showing the number of certified mental defectives under the control of the Board and how they are placed.

Government Institutions for Defectives—

	Male	Female	Total
New Norfolk	89	3	92
“Karingal”, New Town	41	32	73
“Nelumie”, Launceston .....	....	14	14

Other Institutions—

Convent of the Good Shepherd .....	....	28	28
Salvation Army Home .....	....	6	6
Lachlan Park Hospital	6	10	16

In the Community—

(a) Under guardianship	43	36	79
(b) Under supervision	14	5	19
	193	134	327

Table showing new and discontinued orders:—

	Male	Female	Total
New placements	15	5	20
Orders terminated	19	15	34
Orders lapsed			
Deaths	2	....	2

CUTPATIENT DEPARTMENT PSYCHIATRIC CLINICS

Hospital	No. of Attendances
Royal Hobart Hospital	1,359
Launceston General Hospital	517
Burnie General Hospital	43
Devonport Medical Centre	46
Spencer Hospital, Wynyard	32
Ulverstone District Hospital	13
	2,010

PSYCHIATRIC SOCIAL WORK AND WELFARE SECTION

1st July, 1960 to 30th June, 1961

Number of cases on which work undertaken ..	644
Number of homes visited	290
Number of patients visited in institutions ..	106
Number of home visits	470
Number of other visits in connection with cases	190
Number of office interviews with patients, relatives and others	712
Number of other interviews, casework contacts, &c., with patients, relatives and others ..	1,381
Number of cases on which contact was made with outside agencies, individuals, &c.	301
Number of cases on which one or more relatives interviewed	355
Number of visits paid, interviews conducted, &c. outside base towns	655
Number of visits to Lachlan Park, Millbrook Rise and St. John's Park	133
Number of clinics attended at Royal Hobart Hospital	84
Number of sessions conducted for Lachlan Park Patients' Club	95
Number of meetings (Official Visitors, Mental Deficiency Board, &c.) attended	25
Number of lectures to trainees	16

Work Specifically Relating to Mental Defectives
(extracted from above figures)

Number of home visits	262
Number of other visits in connection with cases	119
Number of office interviews with patients, relatives and others	178
Number of other interviews, casework contacts, &c. with patients, relatives and others	519

REPORT OF LACHLAN PARK HOSPITAL,
NEW NORFOLK, FOR THE YEAR ENDED
30th JUNE, 1961

INTRODUCTION

I am happy to report that, over the past year, further strides have been made in treatment, understanding and rehabilitation of an increased number of patients than has been the case previously.

I would first of all like to give a very brief summary of our progress over the twelve months.

1. The percentage of total discharges in relation to new admissions has been 80%, as compared with 50.3% for 1960 (see Table 31). The number of patients entering hospital has increased by a flat figure of 75 over the past year, including re-admissions. Of these the recovery rate was 50 as compared with 25 previously, the improved rate was up by 57, and the unimproved down by 10 (see Table 31).

2. The number of admissions by private order has decreased by 27, and the voluntary boarder admissions by 15. The number returning from trial leave has increased by 22.

3. The death rate over the past year has dropped from 60 to 42, due I believe very largely to the establishment of better conditions on the new hospital site.

4. The cost per patient per day has risen by two shillings (see Table 35). The main item of increased expenditure has been in relation to food, and the treatment of patients with expensive drugs, e.g. the increase of pharmacy expenditure by approximately £5,000 over the preceding year.

Comments on the Above Four Items

Admission by private order has decreased, I believe, because of increased activity of outpatient clinics and the extensive use of tranquillising drugs and the more intensive application of psychotherapy. To this must be added the reduced figure of voluntary boarder admission rate (reduced by 15) by virtue of more frequent return to hospital from trial leave, together with intensive outpatient clinic work, but nevertheless giving an overall increase in admissions of 75 over the past year. This leaves us, in the year just ended, with a reduced number of patients remaining in hospital on the 30th June, 1961, viz. 755 (see Table 26).

One of the main reasons for this improved state of affairs in relation to treatment is the fact that we have had two full-time psychiatrists, able to devote almost their entire time to patients and their welfare. Also, the extensive use of, unfortunately, expensive drugs has benefited many who otherwise would remain in hospital for almost an indefinite period.

ADMINISTRATIVE ASPECTS

Boiler House

As previously stated, all aspects of any hospital revolve round the generation of power—in our case steam for heating, cooking, laundry, &c.

We now have a boiler house, working satisfactorily, with a third boiler ready to go into commission. When certain alterations are carried out in relation to ward heating, the output of steam should be sufficient for all consumers, with a margin left over for safety. Shortly, steam will be conveyed to the new Nurses' Home, and at the end of October steam distribution to Wards 1 and 2 will be arranged in a more satisfactory manner, thus ensuring properly heated wards, hot water, &c., for the next winter.

Laundry

The laundry is now due for further expansion if we are to cope with all commitments, both of the hospital itself and the Royal Hobart Hospital. It has been our habit recently to attempt to launder three to four dozen blankets per week for the Royal Hobart Hospital, also Lady Clark Hospital, the Cottage Hospital and Millbrook Rise. Owing to staff shortages, we have been compelled to curtail our programme in relation to outside services. However, the expansion in the laundry is under way, and we hope to be able to meet all our obligations in the coming year.

Central Kitchen

The central kitchen now functions efficiently, but still we are finding refrigeration space inadequate, and the establishment of a deep freeze unit would be a considerable economy in our food bill.

Hospital Stores

The position here is as it was a year ago. The new store being inadequate both in size and shape, our hardware goods are kept in the old store in the old part of the building, and the groceries in the new store in the new part of the building. This is not satisfactory.

Transport

With the re-opening of the Lachlan bridge, washed away approximately eighteen months ago, the strain on the transport has been eased. The expense in relation to mileage and maintenance of vehicles should see a marked improvement over the coming months.

District Hospital

Our artisan staff continues to service this hospital in all its requirements.

HOSPITAL RESIDENCES

We have accommodation for nine medical men at present. The full complement of ten could be accommodated if the Government Medical Officer's residence in Glenora Road were acquired for the hospital. However, three of the latest acquisitions, in the form of small residences built in the new area, are far from satisfactory

for habitation by medical officers. It is strongly urged that these should be handed over for use by members of the artisan or nursing staff, and three more houses be erected on the site chosen.

HOSPITAL WARDS

All our new wards, with the exception of two, are working satisfactorily in relation to comfort and bathing facilities for patients, but W.1 and W.2 are completely unsatisfactory from the aspect of calorifers and general layout of airway ducts, with the result that, during the past winter months, electric radiators have had to be used extensively in these two wards. As mentioned, these faults will be corrected in the near future.

GENERAL

The hospital has progressed on the whole over the past year. Activities for patients in sports clubs, concerts, community singing, group therapy and all aspects of patients' activities in a mental hospital have been stepped up. Television is now installed throughout the hospital, to a large extent through the generosity of relatives of patients here, and also through the generosity of the Lachlan Park Hospital Auxiliary. The most important item of all, I think, is the feeling among the general population that Lachlan Park Hospital is not such a terrible place to come to after all, and this is evidenced by the decreasing reluctance of patients to seek admission for treatment at an early stage in their illness.

Much remains to be done, but the general feeling is that we are moving forward.

CONCLUSION

Our thanks are due to the hospital staff for their unwavering devotion to the task of caring for the mentally ill. Whether it be by means of nursing effort or co-operation of the artisans, makes but little difference. Our special thanks are due to the Director-General of Health Services and the Director of Mental Health for their help and direction, and their unfailing interest in our problems. In particular, I would like to thank the members of the Lachlan Park Hospital Auxiliary for the many luxuries, which are necessities, that they have supplied for our patients; and last but not least, I would commend the magnificent work of the Retarded Children's Association, and the unflagging efforts of the Red Cross to help the unfortunate.

D. M. ANDERSON, M.B., Ch.B., B.A.O.,
Medical Superintendent.

TABLE 26.

Table Showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1960-61.

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1960	..	..	..	372	415	787
Admitted for the first time	131	109	240	..	..	..
Re-admitted	59	53	112	..	..	..
Returned from trial leave	55	85	140	..	..	..
Total admitted and returned	..	..	..	245	247	492
Total under care during the year	..	..	..	617	662	1,279
Discharged from hospital	178	104	290	..	..	..
Proceeded on trial leave	85	115	200	..	..	..
Died	14	28	42	..	..	..
Total off records	..	..	..	277	247	525
Remaining in hospital on 30/6/61	..	..	..	340	415	755

TABLE 27.

Table Showing Numbers of Patients on, Returning from, and Discharged from Trial Leave during the Year 1960-61.

	Males	Females	Total	Males	Females	Total
On trial leave on 30th June, 1960	..	..	..	37	71	108
Proceeding on trial leave during year	..	..	..	90	136	226
Total on trial leave during year	..	..	..	127	207	334
Returned to Hospital from trial leave during year ..	56	106	162	..	..	..
Discharged from trial leave during year	38	32	70	..	..	..
Died whilst on trial leave	2	2	4	..	..	..
Total loss	..	..	..	96	140	236
Remaining on trial leave on 30/6/61	..	..	..	31	67	98

TABLE 28.

Table Showing Manner in which Patients were Admitted during the Year 1960-61.

How Admitted	Males	Females	Total
Private Order	37	64	101
Justice's Order	7	5	12
Magistrate's Order	2	..	2
Voluntary Boarders	138	111	249
Governor's Warrant	7	..	7
Section 13A—Mental Hospitals Act	..	1	1
Inebriates Hospitals Act	..	1	1
Prisons Act—Section 19	..	..	..
Returned from Trial Leave—1960–1961	55	85	140
	246	267	513
First Admission	131	110	241
Second Admission	33	30	63
Third Admission.. .. .	10	19	29
Fourth Admission	4	7	11
Fifth Admission and over	13	16	29
Returned from Trial Leave	55	85	140
	246	267	513

TABLE 29.

Table Showing form of Mental Disorder on Admission during 1960-61 and the form of Mental Disorder of Patients in Hospital on 30th June, 1961.

Form of Mental Disorder	Admissions			Remaining in Hospital		
	Males	Females	Total	Males	Females	Total
A. Congenital Mental Deficiency						
1. With Epilepsy	9	9	18	30	32	62
2. Without Epilepsy	7	7	14	50	61	111
3. With Schizophrenia	1	3	4	16	18	34
B. Dementias						
1. Senile	13	29	42	21	50	71
2. Pre-senile	1	1	2	1	5	6
3. Secondary or Terminal	..	..	..	1	4	5
4. Arteriosclerosis	7	1	8	8	7	15
C. Organic Psychosis						
1. Gross Brain Lesion	..	1	1	..	1	1
2. Dementia Paralytica	..	..	..	2	..	2
3. Epileptic Psychosis	1	5	6	4	10	14
4. Alcoholic Psychosis	19	..	19	27	..	27
5. Toxic or Confusional or Exhaustive Psychosis	9	4	13	12	8	20
6. Parkinsonism	..	..	..	..	..	..
7. Huntington's Chorea	..	..	..	1	1	2
D. Functional Psychosis						
1. Manic Depressive Psychosis	8	10	18	20	25	45
2. Involutional Melancholia	2	6	8	3	12	15
3. Schizophrenia (not including A.3)	36	31	67	71	62	133
4. Paraphrenia or Paranoid States	14	9	23	34	45	79
5. Paranoia	1	1	2	1	1	2
6. Recurrent Melancholia	6	8	14	7	9	16
E. Psycho-Neurosis						
1. Psychopathic Personality	2	1	3	3	1	4
2. Anxiety State	55	34	89	55	34	89
3. Hysteria	..	2	2	..	2	2
Totals	190	162	352	367	388	755

TABLE 30.

Table showing Admissions and Re-admissions, Discharges, Deaths and the number of Patients remaining in Hospital on 30th June for each of the last 10 years.

Year	Admissions and Re-Admissions	Discharges										Deaths, including Deaths on Trial Leave	Remaining in Hospital on 30th June											
		Recovered			Improved			Unimproved					Total		Males	Fe- males	Total							
		Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males		Fe- males	Total										
1951-52	94	101	195	3	1	4	8	5	13	4	4	8	15	10	25	17	31	48	25	18	43	317	393	710
1952-53	91	107	198	3	1	4	12	6	18	3	2	5	18	9	27	33	21	54	34	39	73	343	407	750
1953-54	129	102	231	3	1	4	37	11	48	4	2	6	44	16	60	38	54	92	27	48	75	363	408	771
1954-55	124	101	225	12	5	17	15	10	25	11	4	15	38	19	57	31	35	66	32	41	73	353	407	760
1955-56	124	100	224	29	19	48	23	9	32	7	1	8	59	29	88	24	45	69	16	41	57	378	388	766
1956-57	149	121	270	16	11	27	63	33	96	6	2	8	85	46	131	49	41	90	46	43	89	369	382	751
1957-58	219	160	379	4	..	4	130	85	215	14	5	19	148	90	238	31	36	67	36	37	73	382	375	757
1958-59	181	201	382	17	15	32	86	51	137	29	18	47	132	85	217	37	55	92	32	40	72	382	398	780
1959-60	278	139	417	10	15	25	72	53	125	44	16	60	126	84	210	49	71	120	33	27	60	463	351	814
1960-61	245	247	492	20	30	50	122	60	182	36	14	50	178	104	282	38	32	70	14	28	42	340	415	755

TABLE 31.
Table showing the number of Admissions, Discharges and Deaths for the Year 1960-61; the Percentage of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident.

Patients Discharged from Trial Leave are Classed as Recovered.

Admissions						Discharges						Deaths, not including Deaths whilst on Trial Leave											
First Admission		Treated Before		New Admissions		Recovered		Improved		Unimproved					Total								
		Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males				Fe- males	Total							
Males	109	240	59	53	112	190	162	352	20	30	50	122	60	182	36	14	50	178	104	282	12	26	38

Recoveries per cent of Total New Admissions Total Discharges per cent of New Admissions Average Daily Number Resident Percentage of Deaths to Average Daily Number Resident

Males 10.2 Females 18.2 Total 14.2 Males 94.7 Females 65.3 Total 80.0 Males 356 Females 415 Total 771 Males 3.4 Females 6.4 Total 4.9

TABLE 32.

Table showing in Quinquennial Periods the Ages of Patients Admitted to and Discharged from the provisions of the Mental Hospitals Act and of those that Died during the Year 1960-61.

Ages	New Admissions			Discharged from the Provisions of the Mental Hospitals Act									Deaths		
	Recovered			Improved			Unimproved			Total			Males		
	Fe- males			Fe- males			Fe- males			Fe- males			Fe- males		
	Males	Total		Males	Total		Males	Total		Males	Total		Males	Total	
Under 5 years	2	3	5	..	..	1	..	1	..	1	1	1	1	1	2
5 years and under 10 years	2	6	8	..	..	5	..	5	..	5	5	5	..	1	1
10 years and under 15 years	4	5	9	1	1	15	1	16	1	15	18	18	1	1	2
15 years and under 20 years	4	9	13	2	2	9	2	14	4	11	20	20	..	..	..
20 years and under 25 years	12	8	20	1	1	10	2	15	5	13	21	21	..	..	..
25 years and under 30 years	18	13	31	2	5	10	6	16	4	14	27	27	..	2	2
30 years and under 35 years	24	14	38	3	2	9	6	15	5	17	25	25	..	1	1
35 years and under 40 years	16	14	30	5	3	6	7	13	6	17	29	29	..	2	3
40 years and under 45 years	36	21	57	4	8	16	4	20	2	22	34	34	1	1	..
45 years and under 50 years	10	15	25	..	1	10	9	19	1	15	26	26	..	..	..
50 years and under 55 years	20	15	35	4	4	8	7	15	3	15	26	26	1	..	1
55 years and under 60 years	9	4	13	1	2	8	2	10	2	11	15	15	..	..	..
60 years and under 65 years	6	6	12	2	3	8	2	10	3	7	11	11	1	1	..
65 years and under 70 years	13	11	24	..	..	5	2	7	3	7	12	12	2	2	6
70 years and under 75 years	7	6	13	..	..	4	3	8	4	5	7	7	3	3	8
75 years and under 80 years	4	6	10	..	1	..	2	6	1	2	3	3	2	5	7
80 years and under 85 years	1	6	7	..	..	1	..	2	..	1	2	2	..	1	1
85 years and under 90 years	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..
90 years and under 95 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
95 years and under 100 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	190	162	352	20	30	122	60	182	36	178	282	282	14	28	42

TABLE 33.

Table showing the Causes of Deaths including Deaths on Trial Leave during the Year 1960-61.

Cause of Death	Males	Females	Total	Children under age of 16 years			Grand Total
				Males	Females	Total	
Arteriosclerosis	1	1	2	..	..	..	2
Cerebral Agenesis	..	..	..	..	..	..	..
Cerebral Thrombosis	1	8	9	..	..	..	9
Cerebral Haemorrhage	..	..	..	..	..	..	..
Cerebral Atrophy	..	..	..	..	..	..	..
Coronary Thrombosis	3	2	5	..	..	..	5
Hydrocephalus	1	1	2	..	..	..	2
Myocardial Degeneration	..	9	9	..	..	..	9
Pneumonia	..	..	..	1	1	2	2
Senility	1	..	1	..	..	..	1
Status Epilepticus	1	..	1	..	..	..	1
Parkinson's Disease	..	..	..	..	..	..	..
Broncho-Pneumonia	2	1	3	..	1	1	4
Uraemia	..	..	..	..	..	..	..
Lobar Pneumonia	..	..	..	1	1	2	2
Died whilst on trial leave	2	2	4	..	..	..	4
Haematochromatosis	..	1	1	..	..	..	1
	12	25	37	2	3	5	42

TABLE 34.
Statistical Record.

	Males	Females	Total
Population of Tasmania as at 31/3/61	190,094	166,866	356,960
Proportion of Patients per 1,000 of population (including patients on trial leave)	3.23	3.95	3.59
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave)	10.08	10.82	10.45
NOTE: Admissions, not including Voluntary Boarders	108	156	264

TABLE 35.
Financial Statement.

	Year Ended				
	30/6/57	30/6/58	30/6/59	30/6/60	30/6/61
Average Daily Number of Patients	752.41	750.48	764.23	783.29	746.30
Gross Cost per Year	£360,371	£400,647	£411,647	£445,304	£452,418
Fees Received	£6,972	£6,581	£12,176	£7,844	£8,502
Other Revenue	£697	£928	£1,147	£1,689	£3,513
Gross Cost per Head per Day	26s. 2.92d.	29s. 3.12d.	29s. 6.24d.	31s. 0.75d.	33s. 2.24d.
Nett Cost per Head per Day	25s. 8.66d.	28s. 8.40d.	28s. 6.72d.	30s. 4.81d.	32s. 4.08d.

TABLE 36.

GOVERNMENT INSTITUTION FOR MENTAL DEFECTIVES.

Financial Statement.

	Year Ended				
	30/6/57	30/6/58	30/6/59	30/6/60	30/6/61
Average Daily Number of Patients	46.29	40.78	47.79	43.18	86.96
Gross Cost per Year	£22,177	£21,777	£25,756	£24,548	£52,717
Fees Received	£3,838	£2,423	£4,903	£4,234	£8,148
Other Revenue	..	..	..	..	..
Gross Cost per Head per Day	26s. 2.92d.	29s. 3.12d.	29s. 6.24d.	31s. 0.79d.	33s. 2.24d.
Nett Cost per Head per Day	..	..	..	25s. 9.43d.	28s. 1d.

REPORT OF MILLBROOK PSYCHOPATHIC HOME FOR THE YEAR ENDED 30th JUNE, 1961

It will be seen from Table 38 that the number in residence at the Home has fallen slightly over the past year. This is inevitable, and I fear that it will remain at a fairly low figure for the next year owing to staff shortages.

Millbrook Home, as I have mentioned previously, is an entirely different type of unit from that of Lachlan Park Hospital. It is a completely open Home, and considerable freedom must of necessity be given to patients, in attempting rehabilitation. It may appear on the surface that the increase in cost per head per day of 11s. 1d. is not justified in relation to the reduced population compared with the previous year. However, it will be seen from Table 38 that there has been a steady rise in cost per patient per day since 1957, due to the increased cost of living and increase in wages; also, the same services must be supplied for

the smaller as for the larger number. This means that the fewer patients there are in residence, the greater is the reduction in fees received; therefore, the more expensive is the unit to run.

Staffing in New Norfolk has always been a difficult problem, but we hope that, with the increased activity of the Tutorial School in Lachlan Park Hospital, we will be able to train our own staff suitably from recruits gathered in over the coming twelve months and more.

I would like to thank the Chairman and other members of the Millbrook Home Board, together with the Deputy Medical Superintendent, Dr. C. I. A. Williams, for their unending interest in the Home. We regret that the Red Cross Association has not been able to continue its service to the patients here.

D. M. ANDERSON,
Medical Superintendent.

TABLE 37.

Statistics.

Form of Mental Illness	Males	Females	Total
Anxiety State	28	27	55
Melancholia and Depressive States	19	42	61
Hysteria	8	12	20
Schizophrenia and Schizoid States	18	11	29
Paraphrenia and Paranoid States	6	7	13
Manic Depressive Psychosis	..	..	..
Alcoholism	3	1	4
Obsessional States	..	..	..
Toxic Psychosis	..	..	..
Senile and Presenile Dementias	2	1	3
Gross Brain Lesion	..	1	1
Psychopath	..	6	6
Not diagnosed	..	..	..
Total Admissions during Year	84	108	192

TABLE 38.
Financial Statement.

	Year Ended				
	30/6/57	30/6/58	30/6/59	30/6/60	30/6/61
Average Daily Number of Patients	20.21	19.73	16.49	17.31	16.28
Gross Cost per Year	£25,237	£25,908	£25,855	£27,100	£26,755
Fees Received	£13,740	£14,336	£14,857	£13,992	£15,524
Other Revenue	..	..	..	..	..
Gross Cost per Head per Day	68s. 4.60d.	71s. 11.16d.	85s. 10.97d.	85s. 6.36d.	90s. 0.25d.
Nett Cost per Head per Day	31s. 1.48d.	32s. 1.68d.	36s. 6.48d.	41s. 4.56d.	52s. 3d.

